

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year _____
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply _____		Account No. _____	County _____	Block _____	Lot _____		
Facility Name _____			Location of Device _____				
Address _____			_____				
Street _____		City _____		Zip _____			
Device Information	Manufacturer _____	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model _____	Size (in inches) _____	Serial Number _____		
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi			
Test before repair	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ psid	Date			
	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/>	M	D	Y
	Pressure drop across first check valve _____ psid						
Describe repairs and materials used				Repaired by			
				Name _____			
				Lic # _____			
				Date repaired:			
				<input type="text"/> <input type="text"/> <input type="text"/>	M	D	Y
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date			
	Pressure drop across first check valve _____ psid			<input type="text"/> <input type="text"/> <input type="text"/>	M	D	Y
Water Meter Number _____		Meter Reading _____	Type of Service: (check one) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____				
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)							
Certification: This device <input type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct.							
Print Name _____		Certified Tester No. _____	Signature _____	Expiration Date _____/_____/_____			
Property owners (or owners agent) certification that test was performed:							
Print Name _____		Title _____	Signature _____	Telephone _____			

PART B

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name _____	Title _____	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NYS DOH Log # _____	
License Number _____	Phone () _____	m	d	y
Representing _____	Describe minor installation changes			
Address _____				
City _____ State _____ Zip _____				
Signature _____				

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device. Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.