

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.	For the year _____
		<input type="checkbox"/> Initial test - Complete entire form <input type="checkbox"/> Annual test - Complete Part A only

Public Water Supply	Account No.	County	Block	Lot
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Facility Name _____ Address _____ Street City Zip	Location of Device _____ _____
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Device Information	Manufacturer	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model	Size (in inches)	Serial Number
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Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi
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Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y
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Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number	Meter Reading	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other _____
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Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device meets, 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.)
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I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log #
License Number	Phone ()	m d y	

Representing _____ Address _____ City State Zip Signature _____	Describe minor installation changes
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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. DOH- 1013(9/91)