

BACKFLOW PREVENTION DEVICE INSPECTION AND MAINTENANCE REPORT FORM

Initial
Annual
Semi-annual

(Print Clear)

Facility Name _____

Facility Owner/Responsible Party _____

Facility Address _____, MA _____

City/Town _____ Zip _____

Mailing Address _____

City/Town _____ State _____ Zip _____

Contact Person _____

(_____) _____ - _____ ext. _____

Phone # _____

Public Water System Name _____

PWS City/Town _____

PWS ID #: ____/____/____/____/____/____/____

Cross-connection ID# (Registration #): _____

Exact Location of cross-connection _____

Supplemental protection at meter required: Yes No

Is backflow device installed on a fire protection system?
 Yes No

Backflow device is installed: Vertically Horizontally

Device Type: RPBP DCVA

Make _____ Model _____

Material: Bronze Iron Stainless Steel


Size _____ Serial # _____

By-pass: Yes No

Backflow Device required by: State Local

Valve Type: Ball NRS OS&Y Butterfly Other _____

Secondary Supply or System _____ Test kit last calibration: ____/____/____

	Check Valve #1 (mark one)	Check Valve #2 (mark one)	Relief Valve (mark one)
Test Date ____/____/____	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Held at _____ psid	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Held at _____ psid	Open at _____ psid <input type="checkbox"/> Closed Tight
No. 2 Shutoff Valve	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked	
Test Result	<input type="checkbox"/> PASS		<input type="checkbox"/> FAIL*

I certified that the above test/inspection result is true. (Signatures required)

• **Backflow Device Test Conducted by:** (MA-DEP Certified Backflow Prevention Device Tester)

_____/____/____

MA-DEP Cert. Tester Name (Print) MA-DEP Cert. Tester ID# Cert. Exp. Date Signature

• **Backflow Device Test Witnessed by:** (Facility Owner/Representative)

_____/____/____

Facility Owner/Representative Name (Print) Signature

- * If a backflow prevention device failed a test the following steps are required by the Massachusetts Drinking Water Regulations:
1. The owner of the device must obtain the service of a Massachusetts licensed plumber or a Massachusetts licensed fire sprinkler fitter/contractor to perform the necessary repair within fourteen (14) calendar days of the failure test or from the discovery of the defect as required by the Massachusetts Drinking Water Regulations, 310 CMR 22.22(13)(b). The repaired device must be re-test by a Massachusetts certified backflow prevention device tester.
 2. A Backflow Prevention Device Repair Information & Re-test Report Form **must** be completed to report the repair(s) conducted and the re-test result.