BACKFLOW PREVENTION DEVICE REPAIR INFORMATION &
RE-TEST REPORT FORM
(Print Clearly)

Please Note: **Prior to repair contact the local Plumbing Dept. or Fire Dept. to find out if a permit is required for the repair of backflow prevention device/assembly.**

Backflow Preventer Failed:	☐ **RPBP**	☐ **DCVA**	☐ **PVB/SRPVB**	
_____	_____	_____"	_____	_____
Make	***Model***	***Size***	***Serial #***	***Location***

- **For Devices Located on <u>Domestic Line</u>:** a Massachusetts Licensed Plumber must conduct the repair of these devices.

_____ _____ ____/____/____ _____ ____/____/____
MA License Plumber's Name (Print) *Plumber License #* *Expiration Date* *Signature* *Date*

_____ _____ ____/____/____ _____ ____/____/____
Plumbing Inspector's Name (Print) *Plumber License #* *Expiration Date* *Signature* *Date*

- **For Devices Located on <u>Fire Protection Line</u>:** a Massachusetts Certified Fire Sprinkler Fitter/Contractor must conduct the repairs of these devices.

_____ _____ ____/____/____ _____ ____/___/____
MA Licensed Fire Sprinkler Installer Name *License #* *Expiration Date* *Signature* *Date*

Repair Date _____/_____/_____	**Check Valve #1**	**Check Valve #2**	**Relief Valve**
Describe Repair(s)	☐ **Cleaned only** **Part(s) Replaced:** ☐ Disc ☐ Spring ☐ Guide ☐ Pin Retainer ☐ Hinge Pin ☐ Seat ☐ Diaphragm ☐ O-Rings ☐ Module ☐ Other _____	☐ **Cleaned only** **Part(s) Replaced:** ☐ Disc ☐ Spring ☐ Guide ☐ Pin Retainer ☐ Hinge Pin ☐ Seat ☐ Diaphragm ☐ O-Rings ☐ Module ☐ Other _____	☐ **Cleaned only** **Part(s) Replaced:** ☐ Disc, upper ☐ Disc, lower ☐ Spring ☐ O-Rings Diaphragm (large) ☐upper ☐lower Diaphragm (small) ☐upper ☐lower ☐ Space (lower) ☐ Module ☐ Other _____
Test Kit Information	Make _____ Model _____ Serial # _____ **Last Calibration** ____/____/____		

Test After Repair	**RPBP**			**PVB/SRPVB**	
	DCVA		**Relief Valve**		
	1st Check	**2nd Check**		**Air Inlet**	**Check Valve**
Re-test Date _____/_____/_____	☐ Closed Tight Held at _____ psid ☐ Leaked	☐ Closed Tight Held at _____ psid ☐ Leaked	Open at ____ psid	Open at _____ psid ☐ Did not open	_____ psid ☐ Leaked
2nd Shutoff Valve	☐ Closed Tight ☐ Leaked				
Re-test Result	☐ **PASS** ☐ **FAIL***				

I hereby certified that I have personally tested the above backflow prevention device/assembly in accordance with the method and procedure that I was trained, and the test result is true and shows that the device/assembly is in proper operating condition. (<u>Signatures required</u>)

- **Backflow Device Test Conducted by a MassDEP Backflow Prevention Device Tester**

_____ _____ _____/____/____ _____ (_____)_____-_____
Backflow Tester Name (Print) *MassDEP Cert.ID#* *Exp. Date* *Signature* *Phone#*

- **Backflow Device Test Witnessed by the Facility Owner/Representative**

_____ _____ _____
Facility Owner/Representative Name (Print) *Title* *Signature*

* **If repaired backflow prevention device fails the re-test, it must be repaired and re-test and a** *Backflow Prevention Device Repair Information & Re-test Report Form* **must be filling out.**