

BACKFLOW PREVENTER ASSEMBLY INSPECTION AND MAINTENANCE REPORT FORM(Print Clearly)

Initial Test
 Annual Test (DCVA / PVB / SRPVB)
 Semi-annual Test (RPBP)


Public Water System Name _____
 Facility Name _____
 _____, MA _____
 City/Town _____ Zip _____
 Mailing Address _____
 Owner Name/Owner Rep. Name/Contact Person _____

_____/_____/_____/_____/_____/_____/_____/_____
PWS ID# _____
 Facility Address _____
 Facility Owner Name/Responsible Party _____
 City/Town _____ State _____ Zip _____
 (_____) _____ - _____ ext. _____
 Phone # _____
 Exact location of cross-connection _____

Cross-connection Info: ID # _____

Backflow Preventer Info.: _____

Supplemental protection at meter required: Yes No
 Make _____ Model _____ Size _____ Serial # _____
 Material: Bronze Iron Stainless Steel
 Shutoff Valve Type: Ball NRS OS&Y Butterfly Other _____
 By-pass: Yes No Auxiliary Supply: Yes _____ No
 Installation: Vertically Horizontally Installation required by: State Local
 Are repair parts available on site? Yes No Serv. Type: Domestic Fire Protec. Irrigation
 Is the installation of this backflow preventer in compliance with the requirements of 310 CMR 22.22(11)? Yes No

Test Kit Information	Make _____	Model _____	Serial # _____	Last Calibration ____/____/____	
 Test Date ____/____/____	<input type="checkbox"/> RPBP			<input type="checkbox"/> PVB <input type="checkbox"/> SRPVB	
	<input type="checkbox"/> DCVA				
	1st Check	2nd Check	Relief Valve	Air Inlet	Check Valve
	<input type="checkbox"/> Closed Tight Held at _____ psid <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight Held at _____ psid <input type="checkbox"/> Leaked	Open at _____ psid <input type="checkbox"/> Did not open	Open at _____ psid <input type="checkbox"/> Did not pen	Open at _____ psid <input type="checkbox"/> Leaked
2nd Shutoff Valve	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked			
Test Result	<input type="checkbox"/> PASS <input type="checkbox"/> 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. (Signatures required)

• **Backflow Device Test Conducted by a MassDEP Certified Backflow Prevention Device Tester**

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

• **Backflow Device Test Witnessed by a Facility Owner/Representative**

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

* If a backflow prevention device failed a test, the following steps are required by the Massachusetts Drinking Water Regulations:
 ✓ 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-tested by a Massachusetts certified backflow prevention device tester.
 ✓ A Backflow Prevention Device Repair Information & Re-test Report Form must be completed to report the repair(s) conducted and to report the re-test result.