

# BACKFLOW PREVENTER ASSEMBLY 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.

<b>Backflow Preventer Failed:</b>	<input type="checkbox"/> <b>RPBP</b>	<input type="checkbox"/> <b>DCVA</b>	<input type="checkbox"/> <b>PVB/SRPVB</b>	
<b>Make</b>	<b>Model</b>	<b>Size</b>	<b>Serial #</b>	<b>Location</b>

• **For Devices Located on Domestic Line:** 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 Fire Protection Line:** 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
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Repair Date	Check Valve #1	Check Valve #2	Relief Valve
Describe Repair(s) 	<input type="checkbox"/> Cleaned only <b>Part(s) Replaced:</b> <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> O-Rings <input type="checkbox"/> Module <input type="checkbox"/> Other _____	<input type="checkbox"/> Cleaned only <b>Part(s) Replaced:</b> <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> O-Rings <input type="checkbox"/> Module <input type="checkbox"/> Other _____	<input type="checkbox"/> Cleaned only <b>Part(s) Replaced:</b> <input type="checkbox"/> Disc, upper <input type="checkbox"/> Disc, lower <input type="checkbox"/> Spring <input type="checkbox"/> O-Rings Diaphragm (large) <input type="checkbox"/> upper <input type="checkbox"/> lower Diaphragm (small) <input type="checkbox"/> upper <input type="checkbox"/> lower <input type="checkbox"/> Space (lower) <input type="checkbox"/> Module <input type="checkbox"/> Other _____
<b>Test Kit Information</b>	Make _____ Model _____ Serial # _____ Last Calibration ____/____/____		
<b>Test After Repair</b>	<b>RPBP</b>		<input type="checkbox"/> <b>PVB</b> <input type="checkbox"/> <b>SRPVB</b>
	<b>DCVA</b>		<b>Relief Valve</b>
<b>Re-test Date</b>	<b>1<sup>st</sup> Check</b>	<b>2<sup>nd</sup> Check</b>	<b>Air Inlet</b>
	<b>Check Valve</b>		<b>Check Valve</b>
____/____/____	<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
<b>2<sup>nd</sup> Shutoff Valve</b>	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked		Open at _____ psid <input type="checkbox"/> Did not open <input type="checkbox"/> Leaked
<b>Re-test Result</b>	<input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL*</b>		

**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 Backflow Prevention Device Tester**

Backflow Tester Name (Print)	MassDEP Cert.ID#	Exp. Date	Signature	Phone#
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• **Backflow Device Test Witnessed by the Facility Owner/Representative**

Facility Owner/Representative Name (Print)	Title	Signature
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**\* 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.**