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.

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| --- |
| **Backflow Preventer Failed:** □ **RPBP** □ **DCVA** □ **PVB/SRPVB**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**”** \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Make Model Size Serial # Location*** |

* **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.

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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)** | □ **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  □ Did not open | | Open at \_\_\_\_\_\_\_ psid  □ Did not open | Open at \_\_\_\_\_\_\_ 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. (Signatures required)***

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

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

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

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*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.**

P://OPS/Xconn/Repair & Re-test Form #10 rev 2018-03-20