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.

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*MA License Plumber’s Name (Print) Plumber License # Expiration Date Signature Date*

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### *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 🞎lowerDiaphragm (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 TightHeld at \_\_\_\_\_\_ psid□ Leaked | □ Closed TightHeld 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