BACKFLOW PREVENTION DEVICE INSPECTION AND MAINTENANCE REPORT FORM(Print Clearly)

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

_____ Public Water System Name

_____/_____/_____/_____/_____/_____/_____ **PWS ID#**

_____ Facility Name

_____ Facility Address

_____, MA _____ City/Town Zip

_____ Facility Owner Name/Responsible Party

_____ Mailing Address

_____, _____ _____ City/Town State Zip

_____ Owner Name/Owner Rep. Name/Contact Person

(_____)_____-_____ ext. _____ Phone #

Cross-connection Info: ID # _____

Exact location of cross-connection _____

Backflow Preventer Info.: _____ **Make**

_____ **Model** _____" **Size** _____ **Serial #**

Supplemental protection at meter required: ☐ Yes ☐ No

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** ___/___/___				
	☐ **RPBP** ☐ **DCVA**			☐ **PVB** ☐ **SRPVB**	
	1st Check	**2nd Check**	**Relief Valve**	**Air Inlet**	**Check Valve**
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 pen	Open at ____ psid ☐ Leaked
	2nd Shutoff Valve	☐ Closed Tight	☐ Leaked		
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 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.