



**CITY OF EAST PROVIDENCE
WATER UTILITIES DIVISION**
60 Commercial Way, East Providence, RI 02914
Phone: 401-435-7741 Fax: 401-435-7745

Backflow Prevention Assembly Test Report Form

Owner of Property _____

Date _____ Time _____

Mailing Address _____

Tested by _____

(City,Town) (Zip)

Certificate # _____

Contact Person _____

RPZ DCVA PVB SRVB

Device Address and Location _____

Make _____ Model No. _____

Hazard ID _____

Size _____ Serial No. _____

Upstream Water Meter No. _____
(Very Important!!)

Test After Installation

Test After Repairs

Annual Test

Test Kit Serial # _____ Calibration Date _____

Other _____

<i>Reduced Pressure Backflow Prevention Device Assembly (RPZ)</i>					<i>Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)</i>	
Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP	Check Valve DP	Flow Condition Evaluated
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Opened at PSID _____ Did Not Open <input type="checkbox"/>	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>
<i>Double Check Valve Device Assembly (DCVA)</i>					<i>Air Inlet Valve DP Opening Point</i>	
Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated	Opened at _____ PSID Did Not Open <input type="checkbox"/>	
TC#1 PSI	TC#4 PSI	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>		
At the time of the test, the downstream shut-off valve was: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Tested <input type="checkbox"/>						
Line Pressure _____ PSI		Protection Type: Service Line <input type="checkbox"/> Fire Service Line <input type="checkbox"/> Internal Domestic Plumbing System <input type="checkbox"/>				

Signature of Certified Tester _____ Test Witnessed by: Owner Agent _____ State Official _____	<p align="center">PASS <input type="checkbox"/> FAIL <input type="checkbox"/> OTHER <input type="checkbox"/></p> Remarks _____ _____ _____ Service Restored <input type="checkbox"/>
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