

CITY OF PAWTUCKET

Pawtucket Water Supply Board

85 Branch Street, Pawtucket, RI 02860

Phone: 401-729-5013 Fax: 401-727-3423

Backflow Prevention Assembly Test Report

Owner of Property _____

Date _____ Time _____

Mailing Address _____

Tested by _____

(City, Town) _____ (Zip) _____

Certificate # _____

Contact Person _____

RPZ DCVA PVB SRVB

Make _____ Model No. _____

Device Address and Location _____

Size _____ Serial No. _____

Device Identification Number _____

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)</i> <i>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		
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"/>					Opened at _____ PSID Did Not Open <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 _____

PASS FAIL OTHER

Test Witnessed by: _____

Remarks _____

Water Works Official _____

Owner Agent _____

State Official _____

Service Restored