

Pawtucket Water Supply & NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property _____

Date _____ Time _____

Mailing Address _____

Tested by _____

(City, Town) (Zip)

Certificate # _____

Contact Person/Phone _____

RPZ DCVA PVB SRVB

Make _____ Model No. _____

Device Address _____

Size _____ Serial No. _____

Annual Test

Test After Installation

Test After Repairs

Device Replaced

Exact Device Location _____

Test Kit Serial # _____ **Calibration Date** _____

<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>					Air Inlet Valve DP Opening Point	
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"/>		
					Opened at _____ PSID	
					Did Not Open <input type="checkbox"/>	

At the time of the test, the downstream shut-off valve was: Closed Tight Leaked Not Tested

Line Pressure _____ PSI Protection Type: Service Line Fire Service Line Internal Domestic Plumbing System

<p>THE ABOVE REPORT IS CERTIFIED TO BE TRUE</p> <hr/> <p>METER #</p> <hr/> <p>WITNESS BY</p> <hr/> <p>TESTERS SIGNATURE</p> <hr/> <p>NOTE: ALL BFPA'S MUST HAVE REPAIR KITS ON HAND FOR EMERGENCY REPAIRS. ALL BFPA'S TO BE REPAIRED / REPLACED WITHIN 10 DAYS OF THE INITIAL TEST</p>	<p style="text-align: center;"> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> SERVICED RESTORED <input type="checkbox"/> </p> <p>Remarks</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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NOTE: ALL TESTERS MUST BE REGISTERED WITH THE PWSB. TEST FORMS TO BE COMPLETED IN FULL. ALL NON REGISTERED/INCOMPLETE FORMS WILL BE RETURNED.