

City of Woonsocket, Water Division

Backflow Prevention Device Assembly Test Report Form

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. _____

Test After Installation

Water Meter Serial Number _____

Test After Repairs

(No Water Meter or Bypass meter present mark as NONE)

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

<p>Signature of Certified Tester _____</p> <p>Test Witnessed by: _____</p> <p>Water Works Official _____</p> <p>Owner Agent _____</p>	<p style="text-align: center; font-size: 1.2em;">PASS <input type="checkbox"/> FAIL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>Remarks _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Service Restored <input type="checkbox"/></p>
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