

**BACKFLOW PREVENTION DEVICE REPAIR INFORMATION &
RE-TEST REPORT FORM**
(Print Clearly)

Please Note: Prior to repair contact the local Plumbing Dept. or Fire Dept. to find out if a permit is required for the repair of backflow prevention device/assembly.

Backflow Preventer Failed: <input type="checkbox"/> RPBP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB/SRPVB				
Make _____	Model _____	Size _____	Serial # _____	Location _____

• **For Devices Located on Domestic Line:** a Massachusetts Licensed Plumber must conduct the repair of these devices.

MA License Plumber's Name (Print) _____	Plumber License # _____	Expiration Date _____/_____/_____	Signature _____	Date _____/_____/_____
Plumbing Inspector's Name (Print) _____	Plumber License # _____	Expiration Date _____/_____/_____	Signature _____	Date _____/_____/_____

• **For Devices Located on Fire Protection Line:** a Massachusetts Certified Fire Sprinkler Fitter/Contractor must conduct the repairs of these devices.

MA Licensed Fire Sprinkler Installer Name _____	License # _____	Expiration Date _____/_____/_____	Signature _____	Date _____/_____/_____
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Repair Date _____/_____/_____	Check Valve #1	Check Valve #2	Relief Valve		
Describe Repair(s) 	<input type="checkbox"/> Cleaned only Part(s) Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> O-Rings <input type="checkbox"/> Module <input type="checkbox"/> Other _____	<input type="checkbox"/> Cleaned only Part(s) Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> O-Rings <input type="checkbox"/> Module <input type="checkbox"/> Other _____	<input type="checkbox"/> Cleaned only Part(s) Replaced: <input type="checkbox"/> Disc, upper <input type="checkbox"/> Disc, lower <input type="checkbox"/> Spring <input type="checkbox"/> O-Rings Diaphragm (large) <input type="checkbox"/> upper <input type="checkbox"/> lower Diaphragm (small) <input type="checkbox"/> upper <input type="checkbox"/> lower <input type="checkbox"/> Space (lower) <input type="checkbox"/> Module <input type="checkbox"/> Other _____		
	Test Kit Information	Make _____ Model _____ Serial # _____ Last Calibration _____/_____/_____			
Test After Repair	RPBP		Relief Valve	PVB/SRPVB	
	DCVA	1st Check		2nd Check	Air Inlet
Re-test Date _____/_____/_____	<input type="checkbox"/> Closed Tight Held at _____ psid <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight Held at _____ psid <input type="checkbox"/> Leaked	Open at _____ psid <input type="checkbox"/> Did not open	Open at _____ psid <input type="checkbox"/> Leaked	_____ psid <input type="checkbox"/> Leaked
2nd Shutoff Valve	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked				
Re-test Result	<input type="checkbox"/> PASS <input type="checkbox"/> 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 Backflow Prevention Device Tester**

Backflow Tester Name (Print) _____	MassDEP Cert.ID# _____	Exp. Date _____/_____/_____	Signature _____	(____)____-____ Phone#
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• **Backflow Device Test Witnessed by the Facility Owner/Representative**

Facility Owner/Representative Name (Print) _____	Title _____	Signature _____
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*** If repaired backflow prevention device fails the re-test, it must be repaired and re-test and a Backflow Prevention Device Repair Information & Re-test Report Form must be filling out.**