

**BACKFLOW PREVENTION DEVICE
INSPECTION AND MAINTENANCE
REPORT FORM**
(Print Clearly)

Initial
Annual (DCVA or PVB)
Semi-annual (RPBP)

Public Water System Name _____

PWS ID #: ____/____/____/____/____/____/____/____

Facility Name _____

Facility Address _____

_____, MA _____
City/Town Zip

Facility Owner/Responsible Party _____

Mailing Address _____

City/Town State Zip

(_____) _____ - _____ ext. _____

Phone # _____

Contact Person _____

Exact location of cross-connection protected by device/
assembly _____

Cross-connection Info: ID #: _____

Device Info: RPBP DCVA PVB

Make _____ Model _____

Supplemental protection at meter required: Yes No

Material: Bronze Iron Stainless Steel

Size _____ Serial # _____

Shutoff Valve Type: Ball NRS OS&Y Butterfly Other _____

By-pass: Yes No

Auxiliary Supply _____

Installation: Vertically Horizontally

Installation required by: State Local

Are repair parts available on site? Yes No
No

Is device installed on fire protec. system? Yes No

Test Kit Information	Make _____ Model _____ Serial # _____		Last Calibration ____/____/____		
	RPBP		PVB		
	DCVA		Relief Valve		
	1st Check	2nd Check			
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 pen	_____ psid <input type="checkbox"/> Leaked	
2nd Shutoff Valve	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked				
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 Certified Backflow Prevention Device Tester**
_____/____/____ (____)____-_____
Backflow Tester Name (Print) MassDEP Cert.ID# Exp. Date Signature Phone#

• **Backflow Device Test Witnessed by a Facility Owner/Representative**
_____/____/____
Facility Owner/Representative Name (Print) Title Signature

* If a backflow prevention device failed a test, the following steps are required by the Massachusetts Drinking Water Regulations:
• The owner of the device must obtain the service of a Massachusetts licensed plumber or a Massachusetts licensed fire sprinkler

fitter/contractor to perform the necessary repair within fourteen (14) calendar days of the failure test or from the discovery of the defect as required by the Massachusetts Drinking Water Regulations, 310 CMR 22.22(13)(b). The repaired device must be re-tested by a Massachusetts certified backflow prevention device tester.

- A *Backflow Prevention Device Repair Information & Re-test Report Form* must be completed to report the repair(s) conducted and the re-test result.

P://OPS/Xconn/Inspection & Maintenance Report (Revised 07/05/2012)