

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year _____

- Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply Riverhead Water District	Account No.	County	Block	Lot
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Facility Name _____	Location of Device _____
Address _____	_____
Street _____ City _____ Zip _____	_____

Device Information	Manufacturer	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model	Size (in inches)	Serial Number
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> / M D Y
	Pressure drop across first check valve _____ psid			

Describe repairs and materials used	_____	_____	_____	Repaired by Name _____ Lic # _____ Date repaired: _____
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Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date _____
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Water Meter Number	Meter Reading	Type of Service: (check one) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____
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Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device _____ MEETS _____ DOES NOT MEET, the requirements of an acceptable containment device at the time of testing
 I hereby certify the foregoing data to be correct.

_____	_____	_____	_____/_____/_____ Expiration Date
Print Name	Certified Tester No.	Signature	

Property owners (or owners agent) certification that test was performed:

_____	_____	_____	_____)_____-_____ Telephone
Print Name	Title	Signature	

** For Suffolk County Only: Master Plumber Name: _____ Jurisdiction: _____ Suffolk Co Consumer Affairs
 Master Plumbers Lic # _____ MP Consumer Affairs BF #: _____ BF Tester's Consumer Affairs BF #: _____

PART B Certification that installation is in accordance with the approved plans (To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans

Name	Title	Date	NYS DOH Log #
License Number	Phone () _____		

Representing	Describe minor installation changes
Address	
City _____ State _____ Zip _____	
Signature _____	

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device. DOH-1031 (9/91) RWD
 Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

**INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE**

PART A - To Be Completed by Certified Tester

- Indicate the test year and whether initial or annual test.
- Complete public water supply name, customer account number (if available) and county.
- Complete block and lot (if available) for New York City Metropolitan area tests.
- Complete facility name, address and specific location of device (e.g., meter room, etc.)
- Complete device information including manufacturer, type, model, size and serial number.
- Complete section "Test Before Repair" and indicate:
 - Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
 - Whether check valve #2 leaked or closed tight.
 - Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - Complete water system line pressure in psi and indicate test date.
- Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- Complete "final test" section only if repairs have been made.
- Indicate the water meter number/meter reading and the type of service (describe "other" e.g., boiler feed, irrigation line, etc.)
- Complete the Remarks section if there are any deficiencies.
- Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- Have the property owner (or owner's agent) certify that test was performed.

PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only

- Complete name, title, license number, phone number, company name and address.
- Sign and date form and indicate NYSDOH (or local health department/water supplier).
- Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester's personal records.