

PROVIDENCE WATER
INITIAL Backflow Prevention Test Report

I M P O R T A N T

FORWARD TO CERTIFIED TESTER

Mailing Address

Company:
 Address:
 City:

Account #:
 Water Meter #: **IMPORTANT!**

Service Address

Address:
 Company:
 City:

Backflow Serial #:
 Manufacturer:
 Type:
 Model:
 Size:

Apparent Reading	Reduced Pressure Principle Assembly			RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
Initial Test	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did Not Open <input type="checkbox"/> Opened at _____ PSID	AIR INLET Did Not Open <input type="checkbox"/> Opened at _____ PSID
Repairs	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID
Details	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
Final Test				AIR INLET Opened at _____ PSID CHECK VALVE Held at _____ PSID

Field Comments:

Line Pressure _____
 Meter Reading _____
 Held Backpressure _____
 #2 Shutoff _____
 Relief Valve Exercised _____

The above report is certified to be true:

	Date / Time	Name	Signature	Tester #	Test Kit	Passed	Failed
Witnessed By							
Initial Test							
Final Test						<input type="checkbox"/>	<input type="checkbox"/>

Mail To: Providence Water
 Engineering Dept. Cross Connection
 125 Dupont Drive
 Providence, Rhode Island 02907
 Fax 401-464-8721
 backflow@provwater.com

Owner Contact Information for Inspection Purposes:
 Phone: _____