



Backflow Prevention Device Inspection and Maintenance Report Form

Test Status
 Initial
 Re-Test
 Annual
 Semi-Annual

City of Snoqualamish, WA

Snoqualamish

Public Water System Name

PWS City/Town

PWS ID Number

Owner of Property _____

RPZ DCVA PVB

Mailing Address _____

Bronze Iron St. Steel

(Town) (ST) (Zip)

Permit Number _____

Contact Person _____

Make _____ Model No. _____

Device Address _____

Size _____ Serial No. _____

(Town) (ST) (Zip)

Valve Type: Ball OS&Y Butterfly Other

Domestic Line Fire Sprinkler Line

Exact Device Location _____

| | Reduced Pressure Backflow Preventer | | | Pressure Vacuum Breaker | |
|----------------------------------|--|--|---------------------------------------|--|---------------------------------------|
| | Double Check Valve Assembly | | Relief Valve | Check Valve | Air Inlet |
| | Check Valve No. 1 | Check Valve No. 2 | | | |
| Initial Test/ Routine Test | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Opened at _____PSID | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Opened at _____PSID |
| Date _____ | _____PSID | _____PSID | Did Not Open <input type="checkbox"/> | _____PSID | Did Not Open <input type="checkbox"/> |
| Repairs | | | | | |
| Date _____ | | | | | |
| Test After Repairs | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | Opened at <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | Opened at |
| Date _____ | _____PSID | _____PSID | _____PSID | _____PSID | _____PSID |
| Condition of No. 2 Shutoff Valve | | Closed Tight <input type="checkbox"/> | Leaked <input type="checkbox"/> | | |
| TEST RESULT | | PASS <input type="checkbox"/> | FAIL <input type="checkbox"/> | | |

The Above Test/Inspection is Certified to be True

Repair Person: These devices must be repaired by a Massachusetts Licensed Plumber or a Fire Sprinkler Fitter.

MA License Plumbers/FSF Name (Print) _____ Plumber/FSF Lic # _____ Cert. Exp Date _____ Signature _____ Date _____

● **Backflow Device Test Conducted by: (MA - DEP Backflow Prevention Device Tester)**

MA-DEP Certified Tester Name (Print) _____ MA-DEP Cert Tester ID _____ Cert. Exp Date _____ Signature _____ Date _____

● **Backflow Device Test Witnessed By: (Facility Owner/Representative)**

Facility Owner/Representative (Print) _____ Signature _____ Date _____