



# 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

Permit Number \_\_\_\_\_

(Town) (ST) (Zip)

Make \_\_\_\_\_ Model No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Size \_\_\_\_\_ Serial No. \_\_\_\_\_

Device Address \_\_\_\_\_

Valve Type: Ball  OS&Y  Butterfly  Other

(Town) (ST) (Zip)

Domestic Line  Fire Sprinkler Line

Exact Device Location \_\_\_\_\_

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