City of East Providence
Department of Public Works
Water Utilities Division
60 Commercial Way
East Providence, RI 02914-1006

Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property_____

Mailing Address_____

_____
(City)   (State)   (Zip)

Contact Person_____

Device Address_____

_____
(City)   (State)   (Zip)

Exact Device Location_____

_____

Service Code:_____

Date_____

Examined By_____

Certificate #_____

RPZ []   DCVA []   PVB []

Bronze []   Iron []   St.Steel []

New Installation []   Scheduled Test []

Make_____   Model No._____

Size_____   Serial No._____

By-Pass   No []   Yes []

| | Reduced Pressure Backflow Preventor | | | Pressure Vacuum Breaker | |
| | Double Check Valve Assembly | | Relief Valve | | |
	Check Valve No. 1	Check Valve No. 2		Check Valve	Air Inlet
Initial Test	Closed Tight [] Leaked [] ____ PSID	Closed Tight [] Leaked [] ____ PSID	Opened at ____ PSID Did Not Open []	Closed Tight [] Leaked [] ____ PSID	Opened at ____ PSID Did Not Open []
Repairs	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Test After Repairs	Closed Tight [] _____ PSID	Closed Tight [] _____ PSID	Opend at _____ PSID	Closed Tight [] _____ PSID	Opened at _____ PSID
Condition of No. 2 Shutoff Valve		[] Closed Tight		[] Leaked	

Comment Line(s) _____

_____

_____

_____

_____

Witnessed By_____

Owner Agent_____

I have tested the above referenced backflow device and certify that it is____/is not ____ working in accordance with its manufacturer's specifications and is providing backflow protection as intended.

_____
Certified Tester

Address_____

Phone No._____