

# Quonset Development Corporation

## Water Department

95 Cripe Street, North Kingstown, RI 02852

(401)295-0044 – Fax (401)268-9885

### Annual Backflow Prevention Device Assembly Test Report Form

Owner of Property \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tested by \_\_\_\_\_

\_\_\_\_\_  
(City,Town) (Zip)

Certificate # \_\_\_\_\_

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

RPZ  DCVA  PVB  SRVB

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

Device Address and Location \_\_\_\_\_

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

Test After Installation \_\_\_\_\_

Device Identification Number \_\_\_\_\_

Test After Repairs \_\_\_\_\_

Test Kit Serial #: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Annual Test \_\_\_\_\_

<i>Reduced Pressure Backflow Prevention Device Assembly (RPZ)</i>					<i>Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)</i>	
Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP	Check Valve DP	Flow Condition Evaluated
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Opened at PSID _____ Did Not Open <input type="checkbox"/>	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>
<i>Double Check Valve Device Assembly (DCVA)</i>					<i>Air Inlet Valve DP Opening Point</i>	
Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated		
TC#1 PSI	TC#4 PSI	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	
At the time of the test, the downstream shut-off valve was: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Tested <input type="checkbox"/>						
Line Pressure _____ PSI		Protection Type: Service Line <input type="checkbox"/> Fire Service Line <input type="checkbox"/> Internal Domestic Plumbing System <input type="checkbox"/>				

Signature of Certified Tester _____  Test Witnessed by:  Water Works Official _____  Owner Agent _____  State Official _____	<p style="text-align: center; font-size: 1.2em;">PASS <input type="checkbox"/> FAIL <input type="checkbox"/> OTHER <input type="checkbox"/></p> Remarks _____ _____ _____ _____ _____ _____ Service Restored <input type="checkbox"/>
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