



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 _____

Service Code: _____

Mailing Address _____

Date _____

 (City) (State) (Zip)

Examined By _____

Certificate # _____

Contact Person _____

RPZ DCVA PVB

Device Address _____

Bronze Iron St. Steel

 (City) (State) (Zip)

New Installation Scheduled Test

Exact Device Location _____

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	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID Did Not Open <input type="checkbox"/>
Repairs	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Test After Repairs	Closed Tight <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Open at _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID

Condition of No. 2 Shutoff Valve Closed Tight Leaked

Comment Line(s) _____

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

Witnessed By _____

Address _____

Owner Agent _____

Phone No. _____



City of East Providence

DEPARTMENT OF PUBLIC WORKS
WATER UTILITIES DIVISION

60 COMMERCIAL WAY
EAST PROVIDENCE, RHODE ISLAND 02914-1006

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

OWNER'S NAME: _____

ADDRESS: _____
CITY ZIP

II. FACILITY

(A) Name: _____

(B) Address: _____

(C) Contact Person/Agent: _____

(D) Telephone Number of Facility Contact Person: _____

(E) New Facility Existing Facility Domestic Service Fire Service Lawn Irrigation

(F) General Description of the type of business or activities carried out at this facility: _____

III. DEVICE DATA

(A) Manufacturer: _____ Model No. _____

(B) RPZ RPDA DCVA DCDA RESIDENTIAL DUAL CHECK

(C) Size _____

(D) Location of Device (Be Specific) _____

(E) Service Meter Number: _____

IV. TESTING SCHEDULE

MINIMUM TESTING REQUIRED-immediately after installation and annually thereafter except
for residential dual check devices.

V. SPECIFICATIONS

Device to be installed in compliance with specification sheet provided with this packet.

SUBMITTED BY: _____

REPRESENTING: _____

DATE: _____

TELEPHONE NO: _____

INSTALLERS NAME: _____ MASTER PLUMBERS LICENSE # _____

COMPANY: _____ ADDRESS: _____

CITY: _____ ZIP CODE: _____

OWNER'S/AGENT'S SIGNATURE: _____

DATE: _____

NOTE: ONE FORM FOR EACH DEVICE, INCOMPLETE FORMS WILL NOT BE ACCEPTED



For departmental use

COMMENTS: _____

REVIEWER'S SIGNATURE: _____

DATE: _____