

PROVIDENCE WATER SUPPLY BOARD
Backflow Prevention ANNUAL Test Report

IMPORTANT
FORWARD TO CERTIFIED TESTER

Mailing Address

Company:
 Address:
 City:

Account #:
 Water Meter #: **IMPORTANT!**

Service Address

Address:
 Company:
 City:

Backflow Serial #:
 Manufacturer:
 Type:
 Model:
 Size:

Apparent Reading	Reduced Pressure Principle Assembly				RP ..	DCDA ..
	Double Check Valve Assembly				DC ..	RPDA ..
	Check Valve #1	Check Valve #2	Relief Valve		PVB ..	Air Gap ..
				PVB/SVB	SVB ..	AVB ..
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	AIR INLET		
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did Not Open <input type="checkbox"/>		
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID		
Repairs	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE		
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>		
Details				Held at _____ PSID		
				Cleaned <input type="checkbox"/>		
Final Test				Replaced <input type="checkbox"/>		
				AIR INLET		
				Opened at _____ PSID		
				CHECK VALVE		
				Held at _____ PSID		

Field Comments:

Line Pressure _____

Meter Reading _____

Held Backpressure _____

#2 Shutoff _____

Relief Valve Exercised _____

The above report is certified to be true:

	Date / Time	Name	Signature	Tester #	Test Kit	Passed	Failed
Witnessed By							
Initial Test							
Final Test							<input type="checkbox"/>
							<input type="checkbox"/>

Mail To: Providence Water Supply Board
Engineering Dept – Cross Connection Dept
552 Academy Avenue
Providence, Rhode Island 02908
Fax 401-464-8721