

**PROVIDENCE WATER SUPPLY BOARD**  
**Backflow Prevention **INITIAL** 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:

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

**Field Comments:**

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The above report is certified to be true:

Line Pressure \_\_\_\_\_  
 Meter Reading \_\_\_\_\_  
 Held Backpressure \_\_\_\_\_  
 #2 Shutoff \_\_\_\_\_  
 Relief Valve Exercised \_\_\_\_\_

	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

**Owner Contact Information for Inspection Purposes:**  
 Phone: \_\_\_\_\_