

**New York City Department of Environmental Protection
Bureau of Water and Sewer Operations**

**Form for Report on Test and Maintenance
of Backflow Prevention Device**

Please use a separate form for each device

☐

Initial Test

Complete entire form

Part A- TO BE COMPLETED IN ALL CASES

☐

Annual Test – For the Year ____.

Complete Part A & B Only

Public Water Supply:	County:	Block:	Lot:	Department Use Only
Name & Address of Facility:		Manufacturer & Model of Device:		
		Size & Serial # of Device.		
Location of Device:				

Part B- TO BE COMPLETED BY CERTIFIED BACKFLOW PREVENTION DEVICE TESTER

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve (RPZ only)	Line Pressure ____ psi
Test Before Repair	Pressure drop across first check valve, psi ____	Leak () Closed tight ()	Opened at ____ psi	Date: ____/____/____
	Leak () Closed tight ()			
Describe repairs, parts and materials used.				Name of Repairer:
				Name, Lic. # & Seal of Master Plumber.
				Date of Repair: ____/____/____
Final test	Pressure drop across first check valve, psi ____	Closed tight ()	Opened at ____ psi	Date: ____/____/____
	Closed tight ()			
Water Meter Number:	Meter Reading:	Completion Time of Test (e.g. 3:15 pm):	Type of Service (Please Circle One):	
			Domestic Fire Combined	

Question 1: Are there any connections between the point of entry and the backflow preventer, or other deficiencies? *If YES, please explain in detail in the space provided or on an additional paper.

<p>CERTIFICATION: This device meets the requirements of an acceptable containment device at the time of testing. I hereby certify the foregoing data to be correct.</p> <p>_____/_____/_____ Signature Date</p>	<p>CERTIFICATION: This device does NOT meet the requirements.</p> <p>_____/_____/_____ Signature Date</p>
<p>_____ PRINT NAME</p>	<p>_____ Telephone No.</p>
<p>_____ Certified Tester No.</p>	<p>_____/_____/_____ Expiration Date</p>

Part C- TO BE COMPLETED BY PROFESSIONAL OR REG. ARCHITECT

Professional Engineer's or Registered Architect's Certification:
I have personally checked this installation and I certify that it is in accordance with the approved plans.

Water Supplier Approval #:

[] I am the Designer of Record. [] I am **NOT** the Designer of Record.

PE/RA Printed Name: _____

Company: _____

Address: _____

Telephone #: _____

Signature, Seal & Date: _____

Minor Installation Changes (describe): _____

Attach additional sheets if required.

Part D – TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's Certification: [] I am [] I am NOT the Licensed Master Plumber of Record. I have personally checked this installation and I certify that it is in accordance with the Building Department's Requirements.

Building Department Number: (Use Sticker)

Plumber's Printed Name: _____

Plumber's License #: _____

Telephone #: _____

Signature, Seal and Date: _____

NOTE: Send one completed form with original ink signatures and original ink or impressed seals to NYC Department of Environmental Protection, Division of Permitting & Inspections, Cross Connection Control Unit, 59-17 Junction Boulevard, 3rd Fl. Low-Rise, Flushing, NY 11373 within 30 days of installation and initial testing.