

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.				For the year _____ Initial test - <i>Complete entire form</i> Annual test - <i>Complete Part A only</i>	
	Public Water Supply		Account No.	County	Block	Lot
Facility Name _____ Address _____ Street City Zip			Location of Device			
Device Information	Manufacturer	Type RPZ DCV	Model	Size (in inches)	Serial Number	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure psi		
Test before repair	Leaked Closed tight	Leaked Closed tight	Opened at psid	Date <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MDY </div>		
	Pressure drop across first check valve psid					
Describe repairs and materials used				Repaired by Name Lic # Date repaired: <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MDY </div>		
Final test	Closed tight	Closed tight	Opened at psid	Date <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MDY </div>		
	Pressure drop across first check valve psid					
Water Meter Number		Meter Reading	Type of Service: (check one) <div style="display: flex; justify-content: space-around;"> DomesticFireOther </div>			
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)						
Certification: This device meets, does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct.						
Print Name		Certified Tester No.	Signature	Expiration Date		
Property owner-s (or owner-s agent) certification that test was performed:						
Print Name		Title	Signature	Telephone		

PART B	Certification that installation is in accordance with the approved plans.				(To be completed by the design engineer or architect or water supplier.)	
	I hereby certify that this installation is in accordance with the approved plans.					
Name		Title		Date	NYS DOH Log #	
License Number		Phone		<div style="display: flex; justify-content: space-around; font-size: small;"> mdy </div>	_____	
Representing				Describe minor installation changes		
Address						
City		State	Zip			
Signature _____						

INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE

PART A - To Be Completed by Certified Tester

- # Indicate the test year and whether initial or annual test.
- # Complete public water supply name, customer account number (if available) and county.
- # Complete block and lot (if available) for New York City Metropolitan area tests.
- # Complete facility name, address and specific location of device (e.g., meter room, etc.)
- # Complete device information including manufacturer, type, model, size and serial number.
- # Complete section A Test Before Repair and indicate:
 - C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
 - C Whether check valve #2 leaked or closed tight.
 - C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - C Complete water system line pressure in psi and indicate test date.
- # Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- # Complete A final test section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe A other e.g., boiler feed, irrigation line, etc.)
- # Complete the Remarks section if there are any deficiencies.
- # Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- # Have the property owner (or owner's agent) certify that test was performed.

PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only

- # Complete name, title, license number, phone number, company name and address.
- # Sign and date form and indicate NYSDOH (or local health department/water supplier).
- # Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester's personal records.