

**BACKFLOW PREVENTION ASSEMBLY  
TEST AND MAINTENANCE RECORD**

**PORTSMOUTH WATER AND FIRE DISTRICT  
CROSS CONNECTION CONTROL PROGRAM**

NAME OF FACILITY:	OWNERS NAME:	MAILING ADDRESS:
FACILITY ADDRESS:	OWNERS ADDRESS:	
CONTACT PERSON AT FACILITY	TITLE	TELEPHONE NO.
LOCATION OF ASSEMBLY	DATE OF INSTALLATION (FOR NEW INSTALLATION ONLY)	LINE PRESSURE at test port #1 _____ at test port #4 _____

**TYPE OF ASSEMBLY**

REDUCED PRESSURE ZONE ASSEMBLY (RPZA)   
  REDUCED PRESSURE ZONE – DETECTOR ASSEMBLY (RPZDA)   
  PRESSURE VACUUM BREAKER (PVB)  
 DOUBLE CHECK VALVE ASSEMBLY (DCVA)   
  DOUBLE CHECK VALVE – DETECTOR CHECK ASSEMBLY (DCDA)

MANUFACTURER	MODEL NUMBER	SIZE	SERIAL NUMBER	METER SIZE	METER NO.	SERVICE NO.
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**TEST INSTRUMENT CALIBRATION INFORMATION**

TYPE OF INSTRUMENT	MODEL NUMBER	SERIAL NUMBER	CALIBRATED BY	DATE
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**TEST & REPAIRS INFORMATION**

<b>T E S T # 1</b>	<b>REDUCED PRESSURE ZONE BACKFLOW PREVENTER</b>				
	<b>DOUBLE CHECK VALVE ASSEMBLY</b>		<b>RPZA RELIEF VALVE</b>	<b>PRESSURE VACUUM BREAKER</b>	
	<b>CHECK VALVE NUMBER 1</b>	<b>CHECK VALVE NUMBER 2</b>		<b>CHECK VALVE</b>	<b>AIR INLET</b>
	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE IS: _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE IS: _____ PSID	<input type="checkbox"/> OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ PSID
<b>R E P A I R S</b>	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> SPRING <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O-RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> SPRING <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O-RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> SPRING <input type="checkbox"/> SPRING <input type="checkbox"/> STEM <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> RETAINER <input type="checkbox"/> O-RINGS	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> POPPET SEAL <input type="checkbox"/> BONNET ASSEMBLY SEAL <input type="checkbox"/> SEAL <input type="checkbox"/> SPRING	
	<input type="checkbox"/> CLOSED TIGHT RP _____ PSID	<input type="checkbox"/> CLOSED TIGHT RP _____ PSID	<input type="checkbox"/> OPENED AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID
DOWNSTREAM SHUT OFF VALVE: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED			STATIC CONDITION CONFIRMED <input type="checkbox"/> YES <input type="checkbox"/> NO		
REMARKS:		<input type="checkbox"/> <b>ASSEMBLY FAILED</b>	<input type="checkbox"/> <b>ASSEMBLY PASSED</b>		
USAGE:		#1 TEST TIME:	FINAL TEST TIME:		

**NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED IN FOURTEEN ( 14 ) DAYS**

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY

NAME OF CERTIFIED BACKFLOW PREV. TECHNICIAN:	BUSINESS TELEPHONE NUMBER	WITNESS TO ASSEMBLY TEST	
PRINT			
SIGNATURE OF INITIAL CERTIFIED BACKFLOW PREV. TECH	CERTIFIED TECHNICIAN NO.	DATE	TELEPHONE NO. OF WITNESS
SIGNATURE OF REPAIRER	CERTIFIED TECHNICIAN NO.	DATE	SEND COMPLETED FORM TO: PORTSMOUTH WATER AND FIRE DISTRICT P.O. BOX 99 PORTSMOUTH, R.I. 02871 ATTN. MICHAEL HEBERT CROSS CONNECTION CONTROL MANAGER
SIGNATURE OF FINAL CERTIFIED BACKFLOW PREV. TECH	CERTIFIED TECHNICIAN NO.	DATE	

\*\*\* TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER. \*\*\* USE ONLY MANUFACTURERS' REPLACEMENT PARTS  
 \*\* Questions call Cross-Connection Control Program Manager at 401 683-2090 x228 or e-mail [mhebert@portsmouthwater.org](mailto:mhebert@portsmouthwater.org) \*\*