

IF REPORT IS NOT COMPLETED IN FULL, IT WILL BE RETURNED TO FACILITY.



BACKFLOW PREVENTION DEVICE TEST REPORT

NAME OF FACILITY: _____

ADDRESS OF FACILITY: _____

CITY: KEENE, NH **ZIP:** 03431

CONTACT PERSON: _____ **PHONE:** _____

FAX: _____ **EMAIL:** _____

LOCATION OF DEVICE: _____

- **CONTAINMENT DEVICE**
- **DCVA** **RPBA** **PVBA** **OTHER:** _____
- **NEW INSTALLATION** **EXISTING** **REPLACEMENT**
- **COMMERCIAL** **RESIDENTIAL**

MAKE: _____ **MODEL:** _____ **SERIAL NO.:** _____ **SIZE:** _____

TESTING DATE: _____

NEXT TEST DUE: _____

<u>INITIAL TEST</u>	<u>FIRST CHECK</u>	<u>SECOND CHECK</u>	<u>RELIEF VALVE</u>	<u>BALL VALVE #2</u>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID LEAKED <input type="checkbox"/>	OPENED AT _____ PSID AIR GAP OK? <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID	

COMMENTS: _____

NH CERTIFIED TESTER'S SIGNATURE

PRINT NAME

CERTIFICATION # _____ **EXP. DATE:** _____

TEST KIT SERIAL #: _____ **EXP. DATE:** _____

Send results to:

City of Keene Public Works Department
350 Marlboro Street
Keene, NH 03431

Email: PWInfo@keenenh.gov
Fax: 603-283-5667
Phone: 603-352-6550