



## BACKFLOW PREVENTION DEVICE INSPECTION REPORT

Date Test Completed: MM/DD/YYYY \_\_\_\_\_

For Office Use Only: Date Test Report Received

ALL DEVICES MUST BE TESTED UPON INITIAL INSTALLATION, YEARLY, WHEN REPAIRED OR RELOCATED PER BYLAW 11-2001 – CROSS CONNECTION CONTROL

Facility Name:	Address:	Town:	Postal Code:	Phone Number:
Tester's Name: (Please Print)		Comments:		Person On-site Receiving a copy of the Test Report:
Tester's Certificate No. (OWWA or ASSE)	Make and Model No. of Test Equipment:	Test Equipment Serial No.:		Calibration Due Date of Test Equipment: MM/DD/YY

### REDUCED PRESSURE DEVICE (RP)

Is this Device part of a REDUCED PRESSURE DETECTOR ASSEMBLY (RPDA)      Yes       No

Device Location:	Device Size (in mm)	Manufacturer	Serial #	Model	Type of Test <input type="checkbox"/> Initial <input type="checkbox"/> Annual	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
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List the Device BFP No. as indicated under Water Service Connection from the Cross Connection Survey Acknowledgement Form the Property Owner received: Device No. BFP

Line Pressure at Time of Test:	PSI	Water Meter: Is there a Bypass:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Water Meter Bypass Sealed and Tagged Closed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve No.1 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Pressure Differential Across No. 1 Check Psi	Shut Off Valve No. 1 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Check Valve No. 2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Pressure Differential Across No. 2 Check Psi	Shut off Valve No. 2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked