

NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property _____

Date _____ Time _____

Mailing Address _____

Tested by _____

(City, Town) (Zip)

Certificate # _____

Contact Person _____

RPZ ☐ DCVA ☐ PVB ☐ SRVB ☐

Make _____ Model No. _____

Device Address and Location _____

Size _____ Serial No. _____

Device Identification Number _____

Test After Installation ☐

Test After Repairs ☐

Annual Test ☐

Test Kit Serial # _____ Calibration Date _____

Other _____ ☐

Reduced Pressure Backflow Prevention Device Assembly (RPZ)					Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)	
Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP	Check Valve DP	Flow Condition Evaluated
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Opened at PSID _____ Did Not Open <input type="checkbox"/>	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>
Double Check Valve Device Assembly (DCVA)					Air Inlet Valve DP Opening Point	
Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated		
TC#1 PSI	TC#4 PSI	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>		
At the time of the test, the downstream shut-off valve was: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Tested <input type="checkbox"/>					Opened at _____ PSID Did Not Open <input type="checkbox"/>	
Line Pressure _____ PSI		Protection Type: Service Line <input type="checkbox"/> Fire Service Line <input type="checkbox"/> Internal Domestic Plumbing System <input type="checkbox"/>				

Signature of Certified Tester _____	PASS <input type="checkbox"/> FAIL <input type="checkbox"/> OTHER <input type="checkbox"/>
Test Witnessed by: _____	Remarks _____
Water Works Official _____	_____
Owner Agent _____	_____
State Official _____	Service Restored <input type="checkbox"/>