

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: citreq-dpw@ci.keene.nh.us
Fax: 603-283-5667
Phone: 603-352-6550