

Quonset Development Corporation
 Operations (Water) Department
 95 Cripe Street, North Kingstown, RI 02852
 Tel (401) 295-0044 - Fax (401) 268-9885

Annual Backflow Prevention Assembly Test and Maintenance Report

Company Name: _____

Service Address: _____ Mailing Address: _____

Meter Serial #: _____ Location: _____ Manufacturer: _____ Size: _____

BFP Serial #: _____ Location: _____ Manufacturer: _____ Size: _____

Next Test Due: _____

Reduced Pressure Principal Assembly
Double Check Valve Assembly

	<u>Check Valve #1</u>	<u>Check Valve # 2</u>	<u>Relief Valve</u>
<u>Initial Test:</u>	Leaked ___	Leaked ___ Closed Tight ___	Did Not Open ___
	Held at _____ psid	Held at _____ psid	Opened at _____ psid

<u>Repairs:</u>	Cleaned ___ Replaced ___	Cleaned ___ Replaced ___	Cleaned ___ Replaced ___
<u>Details:</u>	_____	_____	_____
	_____	_____	_____

<u>Final Test:</u>	Held at _____ psid	Closed Tight ___ Held at _____ psid	Opened at _____ psid
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Comments: _____

The above report is certified to be true.

	<u>Date/Time</u>	<u>Tester (print)</u>	<u>Signature</u>	<u>Test #</u>	<u>Test Kit</u>	<u>Passed</u>	<u>Failed</u>
Initial Test:	_____	_____	_____	_____	_____	_____	_____
Repairs:	_____	_____	_____	_____	_____	_____	_____
Final Test:	_____	_____	_____	_____	_____	_____	_____

Note:
 When there are multiple devices a separate form will need to be completed and submitted for each device.