



OP129: Report on Testing of Internal (Secondary) Backflow Prevention Device

Application must be typewritten.

<b>1 Test Report Information Part 1</b> <i>To be completed in full</i>				
Public Water Supply	County	Block	Lot	Permit # or LAA #
Facility Name				
Facility Address				
City	State	Zip		
Device Manufacturer		Device Model		Month of report
Size of Device		Serial # of Device		
Specific Location of Device				
End Use of Device (boiler, cooling tower, medical)				

<b>2 Test Report Information Part 2</b> <i>To be completed by Certified Backflow Prevention Device Tester</i>				
	Check Valve No.1	Check Valve No.2	Differential Pressure Relief Valve (RPZ only)	Line Pressure ____ psi
Test Before Repair	Pressure Drop across first check valve, psi ____ Leak Closed tight	Leak Closed tight	Opened at ____ psi	Date: __/__/__
Describe repairs, parts and materials used.				Name of Repairer: Name, Lic# & Seal of Master Plumber Date of Repair: __/__/__
Final Test	Pressure Drop across first check valve, psi ____ Closed tight	Closed tight	Opened at ____ psi	Date: __/__/__
Device	New	Replacement	Completion Time of Test (e.g. 3:15 pm):	Type of Service Domestic      Combined
<b>CERTIFICATION:</b> This Device meets the requirements of an acceptable containment device at the time of testing. I hereby certify the foregoing data to be corrected as/per PC 608/608.1.			<b>CERTIFICATION:</b> This device does NOT meet the requirements	
Signature	Date	Signature	Date	
Name (print)	Telephone Number	Certified Test No.	Expiration Date	

**3 Statements and Signature** *To be completed by master plumber*

I am  I am NOT the Licensed Master Plumber of Record. I have personally checked this installation and I certify that it is in accordance with the Building Department's Requirements (PC 312.10/PC 608.13).

Plumber's Name (please print) \_\_\_\_\_ Plumber's License # \_\_\_\_\_

Telephone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**This form report is for the test of an Internal (Secondary) Backflow Prevention Device and must be submitted to the Department of Buildings ONLY.**