

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

VCC: OCWA # _____

For the year _____
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply		Account No.	County	Block	Lot
Facility Name _____ Address _____ Street City Zip			Location of Device _____ _____		
Device Information	Manufacturer	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model	Size (in inches)	Serial Number
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi	
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
	Pressure drop across first check valve _____ psid				
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
	Pressure drop across first check valve _____ psid				
Water Meter Number		Meter Reading	Type of Service: (check one) • Domestic • Fire • Other _____		
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)					
Certification: This device <input type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct.					
Print Name _____		Certified Tester No. _____	Signature _____	Expiration Date _____/_____/_____	
Property owners (or owners agent) certification that test was performed:					
Print Name _____		Title _____	Signature _____	Telephone () _____-_____	

PART B

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log #	
License Number	Phone ()	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	
Representing	Describe minor installation changes			
Address				
City State Zip				
Signature _____				

NOTE: OCWA-served customers only: completed documents submitted via VEPO CrossConnex app:
 -automatically be shared with appropriate County Health Department representative; and
 -received by OCWA.
 NOTE: Non-OCWA-served customers: Tester is responsible to send:
 -one completed copy to the designated County Health Department representative
 -one completed copy to the water supplier within 30 days of the device testing.
 Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

**INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE**

PART A - To Be Completed by Certified Tester

- Indicate the test year and whether initial or annual test.
- Complete public water supply name, customer account number (if available) and county.
- Complete block and lot (if available) for New York City Metropolitan area tests.
- Complete facility name, address and specific location of device (e.g., meter room, etc.)
- Complete device information including manufacturer, type, model, size and serial number.
- Complete section •Test Before Repair• and indicate:
 - Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
 - Whether check valve #2 leaked or closed tight.
 - Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - Complete water system line pressure in psi and indicate test date.
- Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- Complete •final test• section only if repairs have been made.
- Indicate the water meter number/meter reading and the type of service (describe •other• e.g., boiler feed, irrigation line, etc.)
- Complete the Remarks section if there are any deficiencies.
- Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- Have the property owner (or owner's agent) certify that test was performed.

PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only

- Complete name, title, license number, phone number, company name and address.
- Sign and date form and indicate NYSDOH (or local health department/water supplier).
- Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester's personal records.