

**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>
<b><u>Initial Test:</u></b>	Leaked ___	Leaked ___ Closed Tight ___	Did Not Open ___
	Held at _____ psid	Held at _____ psid	Opened at _____ psid

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

<b><u>Final Test:</u></b>	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.