

For the year _____

PART A

Please use a separate form for each device.

Initial test - Complete entire form
 Annual test - Complete Part A or

Public Water Supply	Account No.	County	Block	Lot
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Facility Name	Location of Device
Address street _____ city _____ zip _____	

Device Information	Manufacturer	Type: <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model	Size (In Inches)	Serial Number
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ PSI
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Test before repair	Leaked _____ Closed Tight _____	Leaked _____ Closed Tight _____	Opened at _____ psid	Date _____ M D Y
	Pressure drop across first check valve _____ psid			

Describe repairs & materials used				Repaired by
				Name _____
				Lic# _____
				Date repaired _____

Final test	Closed Tight _____	Closed Tight _____	Opened at _____ psid	Date _____ M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number	Meter Reading	Completion Time of test	Type of service: (check one) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Combined
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Remarks: (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgap, etc.)

Certification: This device Meets, 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 owner's (or owner's 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 has been made in accordance with the approved plans.

Name	Title	Date _____ m d y	NYS DOH Log #
License Number	Phone ()		
Representing Address	City	State	Zip
Signature _____			Describe minor installation changes

Note: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of testing of the device.