

TOWN OF HOLLISTON  
Town Hall - 703 Washington St  
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Backflow Prevention Device  
Inspection and Maintenance  
Report Form

TEST STATUS

Initial ☐  
Retest ☐  
Annual ☐  
Semiannual ☐

Inspection Date \_\_\_\_\_ PWS ID# \_\_\_\_\_  
Facility Name \_\_\_\_\_ DEP Owner ID# \_\_\_\_\_  
Owner of Device \_\_\_\_\_ DEP Tester Certificate # \_\_\_\_\_  
Contact Person \_\_\_\_\_ DEP Device ID# \_\_\_\_\_  
Phone # \_\_\_\_\_ Device Type ☐ RPBP ☐ DCVA  
☐ Bronze ☐ Iron ☐ SS  
Mailing Address \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Device Address \_\_\_\_\_ Size \_\_\_\_\_ Serial # \_\_\_\_\_  
Containment Device ☐ Yes ☐ No  
Required by: ☒ State ☐ Local  
Exact Device Location \_\_\_\_\_  
By-Pass ☐ Yes ☒ No Device # \_\_\_\_\_ Secondary Supply or System \_\_\_\_\_  
Valve Type ☐ Ball ☐ NRS ☐ OS&Y ☐ Butterfly  
☐ Other \_\_\_\_\_

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Test Before Repairs	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/> *Pressure Drop Across First Check _____ PSID	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ PSID Reduced Pressure
*Described Repairs			
Final Test	Closed tight <input type="checkbox"/> *Pressure Drop Across First Check _____ PSID	Closed tight <input type="checkbox"/>	Opened at _____ PSID Reduced Pressure
Date ____/____/____			

Inspection Result PASS FAIL  
Witnessed by: \_\_\_\_\_

If device failed, describe the problem:

Owner's Representative \_\_\_\_\_

\*List parts & materials used: \_\_\_\_\_

PWS Official \_\_\_\_\_

Remarks: \_\_\_\_\_

Plumber / Sprinkler Fitter \_\_\_\_\_

License # \_\_\_\_\_

DEP Official \_\_\_\_\_