

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2023

- ☐ Initial test - Complete entire form
☒ Annual test - Complete Part A only

Public Water Supply

Account No.

County

Block

Lot

Schenectady

Facility Name Sgt. Horace D Bradt USARC

Location of Device

244

Address 1201 Hillside Ave Schenectady, NY 12309-

3501

City

Zip

Device
Information

Manufacturer
wilkins

Type

☒ RPZ
☐ DCV

Model
975xl2

Size (in inches)
1

Serial Number
3812399

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief
Valve

Line Pressure 30 psi

Test
before
repair

Leaked ☐
Closed tight ☒

Pressure drop across first check valve
8.8 psid

Leaked ☒
Closed tight ☐

— psid

Opened at 2.2 psid

Date

0 9 1 2 2 3
M D Y

Describe
repairs and
materials
used

Repaired by

Name _____

Lic # _____

Date repaired:

M D Y

Final test

Closed tight ☐

Pressure drop across first
check valve _____ psid

Closed tight ☐

Opened at _____ psid

Date

M D Y

Water Meter Number

Meter Reading

Type of Service: (check one)

9 Domestic 9 Fire 9 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 ☐ 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.

John E Cimino

Print Name

8839

Certified Tester No.

Signature

08 / 31 / 2025

Expiration Date

Property owner's (or owner's agent) certification that test was performed:

Michael Budich

Print Name

HVAC Tech

Title

Signature

3472298690

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

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 the testing device.
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

DOH- 1013(9/91)