

# 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

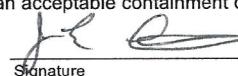
Annual test - Complete Part A only

Public Water Supply		Account No.		County Schenectady	Block	Lot						
Facility Name <u>Sgt. Horace D Bratt USARC</u>			Location of Device <u>244</u>									
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>			City	Zip								
Device Information	Manufacturer wilkins	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 975x12	Size (in inches) 1	Serial Number 3812399							
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>30</u> psi						
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>  <u>8.8</u> psid		Opened at <u>2.2</u> psid	Date  <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>2</td><td>2</td><td>3</td></tr></table>	0	9	1	2	2	3	M D Y
	0				9	1	2	2	3			
Pressure drop across first check valve <u>8.8</u> psid												
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> M D Y							
Final test	Closed tight <input type="checkbox"/>  Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>		Opened at _____ psid	Date  <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> M D Y							
Water Meter Number		Meter Reading		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> Other _____								

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

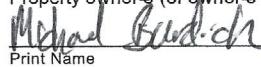
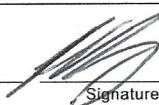
Certification: This device  meets,  does NOT meet, the requirements of an acceptable containment device at the time of testing  
 I hereby certify the foregoing data to be correct.

John E Cimino 8839  
 Print Name Certified Tester No.

  
 Signature

08/31/2025  
 Expiration Date

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

  
 Michael Budrich HVAC Tech  
 Print Name Title   
 Signature 34772298690  
 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 ( )	m	d	y		
Representing		Describe minor installation changes				
Address						
City	State	Zip				
Signature						

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)