



District of Columbia Water And Sewer Authority

Mail to: **Cross Connection Program**

3900 Donaldson Place, NW

Washington, DC 20016

Annual Backflow Prevention Device Test and Maintenance Report

Building Address _____

Billing Address _____

Make of Device _____
 Model Number _____
 Serial Number _____

Size _____
 Located at _____

Is the building part of/a (circle one): **Hospital** **Funeral Home** **Dentist/Doctors Office**
Commercial **Residential** **Other** _____

Is the device (circle one): **New** **Existing** **Rebuilt**
 Device Type _____

Test Results	Reduced Pressure Devices				Pressure Vacuum Breaker	
	Relief Valve	Double Check Devices		Backsiphonage	Air Inlet	Check Valve
		1 st Check	2 nd Check			
Opened at _____ Diff psi	Closed Tight _____ Diff psi _____ Leaked _____	Closed Tight _____ Diff psi _____ Leaked _____	Closed Tight _____ Diff psi _____ Leaked _____	Opened at _____ Diff psi	Opened at _____ Diff psi	
Test Conclusion (Circle one):	Pass	Fail	Failure Description _____ _____ _____			

If device fails, it must be replaced or repaired, then retested with test report submitted within 45 days.

The above is certified to be true

Tester Name _____
 Test Date _____
 Next Test Date _____

Firm name _____
 Firm Address _____

Certification # _____

Note: All devices tested should be tagged indicating test firm address, test date, tester name and certification number

For any questions or comments contact DCWASA at 202-612-3440