



Rise Together

Backflow Prevention Test Report

For New Installs and Inspection:

Department of Community Planning and
Development Services,
Inspection Services Department
111 Maryland Ave
Rockville, MD 20850

Backflow permit applications:
mgoconnect.org

P: 240-314-8240

For Test Report Submission:

Cross Connection Control Program
Department of Public Works
111 Maryland Ave
Rockville, MD 20850
backflowprevention@rockvillemd.gov

For test report submission:
<https://rockvillemd.gov/2558/Cross-Connection-Prevention-Program>

P: 240-314-8500

Plumbing Permit # if new installation _____ Date: _____

Name of Commercial Establishment: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Title: _____ Phone: _____

Location of Assembly: _____ Downstream Process: _____

☐ DCVA ☐ RPZA ☐ PVBA ☐ Other: _____

New Installation ☐ Existing ☐ Replacement ☐ Old Assembly Serial # _____

Make of Assembly: _____ Model: _____ Serial #: _____ Size: _____

Line Pressure: _____ Gauge Calibration Date: _____

Initial Test	DCVA/RPZA			DCVA/RPZA			RPZA			PVBA (Air Inlet)
Passed ☐ Failed ☐	Check Valve #1 Leaked ☐ Closed Tight ☐ _____ PSID			Check Valve #2 Leaked ☐ Closed Tight ☐ _____ PSID			Opened _____ PSID #1 Check _____ PSID Air Gap? _____			Opened _____ PSID Not open ☐
New Parts Repairs	Clean	Replace	Part	Clean	Replace	Part	Clean	Replace	Part	Check Valve
	☐	☐		☐	☐		☐	☐		Held at _____ PSID
	☐	☐		☐	☐		☐	☐		Leaked ☐
	☐	☐		☐	☐		☐	☐		Cleaned ☐ Repaired ☐
Final Test Passed ☐ Failed ☐	Closed Tight ☐ _____ PSID			Closed Tight ☐ _____ PSID			Opened at _____ PSID #1 Check _____ PSID			Air Inlet _____ PSID CHK Valve _____ PSID
Air Gap Inspection	Required minimum air gap separation provided? Yes ☐ No ☐ Detector Meter Reading: _____									

Principal Master Plumber LIC #: _____ Plumbing Company: _____

Backflow Preventer Certification # : _____ Tester's Signature: _____

Tester's Name Printed: _____ Tester's Phone: _____