

**INSTRUCTIONS FOR COMPLETING DOH-1013  
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE**

**PART A – To be completed by Certified Tester**

- Indicate the test year and whether initial or annual test.
- Complete public water supply name, customer account number (if available) and county.
- Complete block and lot (if available) for New York City Metropolitan area tests.
- Complete facility name, addresses and specific location of device (e.g., meter room, etc.)
- Complete device information including manufacturer, type, model, size and serial number.
- Complete section •Test Before Repair• and indicate:
  - Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
  - Whether check valve #2 leaked or closed tight.
  - Opening of RPZ differential pressure relief valve – must be at least 2.0 psid or device must be failed and/or repaired.
  - Complete water system line pressure in psi and indicate test date.
- Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- Complete •final test• section only if repairs have been made.
- Indicate the water meter number/meter reading and the type of service (describe •other• e.g., boiler feed, irrigation line, etc.)
- Complete the Remarks section if there are any deficiencies.
- Complete the certification indicating if the device meets or does not meet the requirements at the time of testing – print and sign your name and indicate certificate number and expiration date.
- Have the property owner (or owner’s agent) certify that test was performed.

**PART B – To Be Completed By Design Engineer, Architect or Water Supplier for Initial Tests Only**

- Complete name, title, license number, phone number, company name and address.
- Sign and date form and indicate NYSDOH (or local health department/water supplier).
- Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester’s personal records.

For Westchester County Health Department, send to email address [DOH-BFlow@westchestergov.com](mailto:DOH-BFlow@westchestergov.com)

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