

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____
 Complete Address: _____ Contact Person: _____

Assembly Information
 Make: _____
 Model: _____
 Size: _____
 Serial Number: _____

Installation Information

Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>
Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/>
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>
Mechanical Room <input type="checkbox"/>	Protection Provided: _____

Floor Number: _____
 Room Number: _____

Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1 st Check Valve	___ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Date _____	2 nd Check Valve	___ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st	Check Valve	___ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	Relief Valve Opening Point	___ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
2nd	Check Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	___ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

Repairs & Materials Used

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Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1 st Check Valve	___ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Date _____	2 nd Check Valve	___ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

1st	Check Valve	___ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	Relief Valve Opening Point	___ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
2nd	Check Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Air Inlet Valve	___ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	___ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

Comments:

TESTER CERTIFICATION: *I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) _____ Signature _____

Company Name _____ Ohio Cert. No. _____ Contractor No. _____ Date _____

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative, or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) _____ Signature _____

Title: _____ Date: _____