

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

Facility Name: _____ **Address:** _____

Contact Person: _____ **Phone No.:** _____

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"/>	Floor Number: _____
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>	Room Number: _____
Mechanical Room <input type="checkbox"/>	Protection Provided <input type="checkbox"/>	_____

Double Check Valve Assembly

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

Repairs & Materials Used		
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Double Check Valve Assembly

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

TESTER CERTIFICATION

I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) _____ **Signature** _____ **Phone No.** _____
Company Name _____ **OH Cert. No.** _____ **Contractor No.** _____ **Date** _____

FACILITY CERTIFICATION

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** _____ **Phone No.** _____
Title _____ **Date** _____

Return Original To:

Email: _____
 Phone: (206) 555-1213
 Fax: (206) 555-2121

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