

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

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

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