STATE OF OHIO
Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: ____________________________ Contact Person: ____________________________
Complete Address: ____________________________

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

Installation Information
Containment ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Isolation ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Meter Pit ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Basement ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Floor Number: _______
Penthouse ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Boiler Room ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Room Number: _______
Mechanical Room ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Protection Provided: _______

Double Check Assembly

<table>
<thead>
<tr>
<th>Initial Test</th>
<th>Outlet Valve</th>
<th>Pass ☐</th>
<th>Fail ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>1st Check Valve</td>
<td>___ psid</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>2nd Check Valve</td>
<td>___ psid</td>
<td>☐</td>
</tr>
</tbody>
</table>

Reduced Pressure Assembly

| 1st Check Valve | ___ psid | Pass ☐ | Fail ☐ |
| Relief Valve Opening Point | ___ psid | Pass ☐ | Fail ☐ |
| 2nd Check Valve | Pass ☐ | Fail ☐ |

Pressure Vacuum Breaker

| Air Inlet Valve | ___ psig | Pass ☐ | Fail ☐ |
| Check Valve | ___ psig | Pass ☐ | Fail ☐ |

Reparis & Materials Used

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 inoperable, 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: _______