

# State of Ohio

## Annual Test and Maintenance Report for Backflow Prevention Assemblies

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

### Assembly Information

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Serial #: \_\_\_\_\_

### Installation Information

<b>Containment</b> <input type="checkbox"/>	<b>Isolation</b> <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: _____

#### Double Check Assembly

INITIAL TEST DATE	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	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	_____ psid	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:

#### Double Check Assembly

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

#### 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 # \_\_\_\_\_

Company Name \_\_\_\_\_ Ohio Cert. # \_\_\_\_\_ Contractor # \_\_\_\_\_ 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 # \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_