

# STATE OF OHIO

## Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Assembly Information

### Installation Information

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

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: _____

#### Double Check Assembly

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

#### Reduced Pressure Assembly

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

<b>Repairs &amp; Materials Used</b>	
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Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	___ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date	2 <sup>nd</sup> Check Valve	___ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

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

Air Inlet Valve			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: \_\_\_\_\_