STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility N										
	Address:			C	ontact Person					
Assembly Information				Installation Information						
Make: _					Containment []			Isolation		
Model:				Meter Pit	Meter Pit Basement			☐ Floor Number:		
Size:					Penthouse Boiler Room			Number:		
Serial Nun	nber:			Mechanical	Room 🗆	Protection P	rovided:			
D	ouble Che	ck Assemb	ly	Reduced Pr	essure Asse	mbly	Pressure	Vacuum Br	eaker	
Initial	Outlet		Pass 🛘	I ^{sl}	11	Pass 🗆	Air Inlet		Pass E	
Test	Valve		Fail O	Check Valve	psid	Fail []	Valve	psig		
	1 ^{si}		Pass 🗆	Relief Valve	1	Pass	· · ·	_ : 0	Pass C	
	Check	psid	Fail 🗆	Opening Point	psid	Fail [Check Valve	ncia	1	
	Valve		1			Lan L.		psig	Fail [
Date	2 nd	<u> </u>	Pass D	2 nd	1	Pass 🗈			1	
	Check	psid	Fail D	Check Valve	1	Fail []				
	Valve		Fail U			ran ()				
	1	.l.—		Outlet Valve	Pass 🗆	Fail 🗉				
33 1 VI										
Repairs			İ							
&			İ							
Materials	3									
Used										
		8								
Re-Test	Outlet		Pass 🗅	1 st		Pass	Air Inlet		Pass [
After	Valve		Fail D	Check Valve	psid	Fail 🛛	Valve	psig	Fail C	
Repairs	1#	 	Pass 🗆	Relief Valve				pg		
Kepatis	Check	psid	Fail C	Opening Point	psid	Pass 🗆	Check Valve		Pass [
	Valve	psid	raii	Opening rount	Paid	Fail 🗆	Clieck valve	psig	Fail [
Date	2 nd		Pass 🗆	2 nd		Pass 🗆			1	
27010	Check	psid	Fail 🗆	Check Valve		Fail 🗆				
	Valve		Lan	CHOCK VAIVE		ran u				
	1	1		Outlet Valve	Pass 🗆	Fail 🗈				
Commen	ıts:									
TESTER	CERTIFIC	CATION: 7	hereby certif	y that the above data is	correct and ti	hat the backfl	w prevention device	is in proper w	orking	
condition.		1	00, 00, 11,	,	TOTAL WINE IF	and outsign	or provinces up 100	is in proper w	O' MINE	
Tester Nan	ne (Printed)				Signature					
Common.	Mana				Ohie Oct	Me	Contro 4 N	Ph		
L harabu and	vifo that the	Thoughout	mu managarii	n device has been in cor	_ Unio Cert.	. 190. Na lanation ¹²	Contractor No.	Date) 	
i nereoy cer neriode and	ayy inai ine o durina that :	avove oacigii period this d	ow prevention evice was not	n aevice nas been in coi t bypassed, made inopei	isiani use al li rative or remi	us tocation at wed without:	uring ine entire presci	rioea interval I further cort	oeiween l ihuhat I L	
			sure the abov		unre, or remi	Freu MITTONE	л оры иштоги г иноп.	1 jui mer cert	yy mai i n	
	•	•								
Owner/Off	ficer (Printe	d)			Signatu	re				
Title:							Date:			