

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

Meter Pit Basement Floor Number _____
 Penthouse Boiler Room Room Number _____
 Mechanical Room Protection Provided _____

Containment Isolation

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"/>
	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 Repair	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st Check Valve	__psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	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. _____

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: _____