

# STATE OF OHIO

## Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

### Assembly Information

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

### Installation Information

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

<b>Initial Test</b>	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"/>
<b>Date</b> _____	2 <sup>nd</sup> Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

#### Reduced Pressure Assembly

1 <sup>st</sup> 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 <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	___ psig	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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#### Double Check Assembly

<b>Re-Test After Repairs</b>	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"/>
<b>Date</b> _____	2 <sup>nd</sup> Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

#### Reduced Pressure Assembly

1 <sup>st</sup> 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 <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	___ 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 No. \_\_\_\_\_  
 Company Name \_\_\_\_\_ OH Cert. No. \_\_\_\_\_ Contractor No. \_\_\_\_\_ 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 No. \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

**All applicable fields must be filled out completely in order for test results to be accepted**