

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

| | |
|---|---|
| Containment <input type="checkbox"/> | Isolation <input type="checkbox"/> |
| Meter Pit <input type="checkbox"/> | Basement <input type="checkbox"/> |
| Penthouse <input type="checkbox"/> | Floor Number _____ |
| Boiler Room <input type="checkbox"/> | |
| Mechanical Room <input type="checkbox"/> | Room Number _____ |
| Protection Provided: _____ | |

Double Check Assembly

| | | |
|--|-----------------|-------------------------------|
| INITIAL TEST DATE | Outlet Valve | Pass <input type="checkbox"/> |
| | 1st Check Valve | Pass <input type="checkbox"/> |
| | 2nd Check Valve | Pass <input type="checkbox"/> |
| | psid | Fail <input type="checkbox"/> |
| | psid | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

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

Pressure Vacuum Breaker

| | | |
|-----------------|------|-------------------------------|
| Air Inlet Valve | psig | Pass <input type="checkbox"/> |
| Check Valve | psig | Pass <input type="checkbox"/> |

Repairs & Materials Used:

Double Check Assembly

| | | |
|---|-----------------|-------------------------------|
| Re-Test After Repairs DATE | Outlet Valve | Pass <input type="checkbox"/> |
| | 1st Check Valve | Pass <input type="checkbox"/> |
| | 2nd Check Valve | Pass <input type="checkbox"/> |
| | psid | Fail <input type="checkbox"/> |
| | psid | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

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

Pressure Vacuum Breaker

| | | |
|-----------------|------|-------------------------------|
| Air Inlet Valve | psig | Pass <input type="checkbox"/> |
| Check Valve | psig | Pass <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: _____