

City of Warren

STATE OF OHIO Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____ Address: _____ Contact Person: _____

Assembly Information

Make: _____
Model: _____
Size: _____
Serial Number: _____

Installation Information

Containment	Isolation
Meter Pit	Basement
Penthouse	Boiler Room
Mechanical Room	Protection Provided: _____

Floor Number: _____
Room Number: _____

Double Check Assembly			
Initial Test	Outlet Valve		Pass Fail
	1 st Check Valve	___ psid	Pass Fail
Date	2 nd Check Valve	___ psid	Pass Fail

Reduced Pressure Assembly		
1 st Check Valve	___ psid	Pass Fail
Relief Valve Opening Point	___ psid	Pass Fail
2 nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker		
Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

Repairs & Materials Used	
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Double Check Assembly			
Re-Test After	Outlet Valve		Pass Fail
Repairs	1 st Check Valve	___ psid	Pass Fail
Date	2 nd Check Valve	___ psid	Pass Fail

Reduced Pressure Assembly		
1 st Check Valve	___ psid	Pass Fail
Relief Valve Opening Point	___ psid	Pass Fail
2 nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker		
Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

Comments: _____

TESTER CERTIFICATION: *I certify that the above data is correct & the backflow prevention assembly is passed the test.*

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: _____