

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

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

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"/>
Date	2 nd Check Valve	___ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

1 st Check Valve		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		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	___ psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Inlet Pressure

Repairs & Materials Used	
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Double Check Assembly

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

Reduced Pressure Assembly

1 st Check Valve		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		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): _____ Certification No. _____

Tester Signature: _____

Date: _____ Employer: _____
 Address: _____

Please forward a copy of test report to:
 Rural Lorain County Water Authority
 42401 State Route 303 / P.O. Box 567
 Lagrange, Oh 44050