

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 _
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Meter Pit _ Basement _ Floor Number: _____

Penthouse _ Boiler Room _ Room Number: _____

Mechanical Room _ Protection Provided: _____

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 _
	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 hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) _____ **Signature** _____

OTCO Certified Tester #: _____ **OTCO Certified Tester Exp. Date:** ___/___/___

Department of Commerce Certified Tester

Company Name _____ **Ohio Certificate #:** _____ **Contractor #:** _____ **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:** _____