

# STATE OF OHIO

## Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**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"/>
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>
Mechanical Room <input type="checkbox"/>	Protection Provided: _____

Floor Number: \_\_\_\_\_  
 Room Number: \_\_\_\_\_

**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"/>

**Repairs & Materials Used**

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<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"/>

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"/>

Air Inlet Valve	___ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	___ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

**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 \_\_\_\_\_

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: \_\_\_\_\_