

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

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	___ psid	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	___ 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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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	___ psid	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	___ psig	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) _____ Signature _____ Phone No. _____
 Company Name _____ OH Cert. No. _____ Contractor No. _____ 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 No. _____
 Title: _____ Date: _____

Return Original To: City Of Sylvania, Division Of Utilities
 6730 Monroe St., Sylvania, Oh 43560
 Email: dfrance@cityofsylvania.com
 Phone 419-885-8950
 Fax: 419-885-8963

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