

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____
 Address: _____ Contact Person: _____

Assembly Information

Installation Information

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

Containment _	Isolation _
Meter Pit _	Basement _
Penthouse _	Boiler Room _
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 _
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:	
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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: _____

(D1CL3102)Updated 11/11