

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 <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 _ 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 _____

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: _____