



## Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Assembly Information

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Size: \_\_\_\_\_

Serial #: \_\_\_\_\_

☐ Fire ☐ Domestic

### Installation Information

☐ Containment ☐ Isolation

☐ Vault/Pit ☐ Basement ☐ Hot Box  
☐ Crawl Space ☐ Outbuilding ☐ Lanscaping Area  
☐ Mechanical/Boiler Room ☐ Protection Provided: \_\_\_\_\_

### Double Check Assembly

<b>Initial Test</b>	#2 Shutoff Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
<b>Date:</b> _____	1 <sup>st</sup> Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	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	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
#2 Shutoff 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

<b>Re-Test After Repairs</b>	#2 Shutoff Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
<b>Date:</b> _____	1 <sup>st</sup> Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	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	____psid	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 at the time of testing

Tester Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Phone# \_\_\_\_\_  
 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 \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

**Return Original Form To:** 1868 E Perry St, Port Clinton, OH 43452 or e-mail [pccityhall@portclinton-oh.gov](mailto:pccityhall@portclinton-oh.gov)

**All applicable fields must be filled out completed in order for test results to be accepted**