



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

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

Double Check Assembly

Re-Test After Repairs	#2 Shutoff Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date: _____	1 st Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	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	___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

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