

**Annual Test & Maintenance Report for Backflow Prevention Assemblies**

**EHRWSD**  
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Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Assembly Information**

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

**Installation Information**

Containment  Isolation

Meter Pit  Basement  Floor Number: \_\_\_\_\_  
 Penthouse  Boiler Room  Room Number: \_\_\_\_\_  
 Mechanical Room  Protection Provided: \_\_\_\_\_

**Double Check Assembly**

**Reduced Pressure Assembly**

**Pressure Vacuum Breaker**

Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date _____	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

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		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

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**

**Reduced Pressure Assembly**

**Pressure Vacuum Breaker**

Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date _____	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

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		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

**TESTER CERTIFICATON:** *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 \_\_\_\_\_ Ohio 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 \_\_\_\_\_