

Annual Test & Maintenance Report for Backflow Prevention Assemblies

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Facility Name: _____ Address: _____
 Contact Person: _____ Phone No. _____

Assembly Information

Make: _____
 Model: _____
 Size: _____
 Serial Number: _____
 New: ___ Existing: ___ Replaced: ___

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 st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date _____	2 nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

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		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 st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date _____	2 nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

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		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 _____