



Office Use Only -  
Water Account Number: \_\_\_\_\_

# ANNUAL TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

Office Address: PO BOX 520, Jefferson OH 44047 Phone: (440) 576 - 3722 Fax: (440) 576 - 3781

**-PLEASE FILL OUT COMPLETELY-**

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Date of Installation: \_\_\_\_\_ Containment: \_\_\_\_\_ or Isolation: \_\_\_\_\_

### BACKFLOW INFORMATION

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Size: \_\_\_\_\_  
 Physical Location: At Meter Meter Pit Hot Box Mechanical Room Other \_\_\_\_\_  
 Type: \_\_\_\_\_ Fire: Domestic: Lawn: \_\_\_\_\_  
 Supply Pressure: \_\_\_\_\_ p.s.i. Pressure After Backflow: \_\_\_\_\_ p.s.i. Bypass: YES or NO

### INITIAL TEST

#### Double Check Assembly

#### Reduced Pressure Assembly

#### Pressure Vacuum Breaker

<i>Initial Test</i>	Outlet Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		Outlet Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		Air Inlet Valve	_____ p.s.i.g	Pass: <b>Fail:</b>
	1 <sup>st</sup> Check Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		1 <sup>st</sup> Check Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		Check Valve	_____ p.s.i.g	Pass: <b>Fail:</b>
	2 <sup>nd</sup> Check Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		2 <sup>nd</sup> Check Valve	_____ p.s.i.d	Pass: <b>Fail:</b>				
					Relief Valve Opening Point	_____ p.s.i.d	Pass: <b>Fail:</b>				

### REPAIRS - REPLACEMENTS - REMARKS

\_\_\_\_\_  
 \_\_\_\_\_

### { RE-TEST AFTER REPAIR }

#### Double Check Assembly

#### Reduced Pressure Assembly

#### Pressure Vacuum Breaker

<i>Initial Test</i>	Outlet Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		Outlet Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		Air Inlet Valve	_____ p.s.i.g	Pass: <b>Fail:</b>
	1 <sup>st</sup> Check Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		1 <sup>st</sup> Check Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		Check Valve	_____ p.s.i.g	Pass: <b>Fail:</b>
	2 <sup>nd</sup> Check Valve	_____ p.s.i.d	Pass: <b>Fail:</b>		2 <sup>nd</sup> Check Valve	_____ p.s.i.d	Pass: <b>Fail:</b>				
					Relief Valve Opening Point	_____ p.s.i.d	Pass: <b>Fail:</b>				

The following Certified Tester(s) certifies that the above assembly was tested and/or repaired according to the latest USC Tester Manual. At the time of test, the above assembly performed as reported and was placed back into service after the test. Any device found not meeting manufacturers' specifications or State Health requirements was reported to the ACDES within one working day of the Initial Test date.

### Administrative Processing Fee - \$20.00

*(please print)*

Test Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contractor #: \_\_\_\_\_  
 Tester Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Ohio Cert. # \_\_\_\_\_

### - MUST BE COMPLETED - Testers Test Equipment

Test Kit #: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Date Calibrated: \_\_\_\_\_