

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

Facility Name: _____ **Address:** _____

Contact Person: _____ **Phone No.** _____

Assembly Information

Make: _____

Model: _____

Size: _____

Serial Number: _____

Installation Information:

| | |
|-------------|-----------|
| Containment | Isolation |
|-------------|-----------|

Meter Pit _____ Basement _____ Domestic _____ Floor Number: _____

Mechanical Room _____ Boiler Room _____ Fire _____ Room Number: _____

Double Check Valve Assembly

| | | | |
|----------------------|-----------------|------------|--------------|
| Initial Test | Outer Valve | | Pass Fail |
| | 1st Check Valve | _____ psid | Pass Fail |
| Date _____ | 2nd Check Valve | _____ psid | Pass Fail |

Reduced Pressure Assembly

| | | | |
|----------------------------|------------|--|--------------|
| 1st Check Valve | | | Pass Fail |
| Relief Valve Opening Point | _____ psid | | Pass Fail |
| 2nd Check Valve | | | Pass Fail |
| Outlet Valve | Pass | | Fail |

Pressure Vacuum Breaker

| | | | |
|-----------------|------------|--|--------------|
| Air Inlet Valve | | | Pass Fail |
| Check Valve | _____ psid | | Pass Fail |

USC 10th Edit.

| | |
|------------------------------------|--|
| Repairs & Materials Use | |
|------------------------------------|--|

Double Check Valve Assembly

| | | | |
|------------------------------|-----------------|------------|--------------|
| Re-Test After Repairs | Outer Valve | | Pass Fail |
| | 1st Check Valve | _____ psid | Pass Fail |
| Date _____ | 2nd Check Valve | _____ psid | Pass Fail |

Reduced Pressure Assembly

| | | | |
|----------------------------|------------|--|--------------|
| 1st Check Valve | | | Pass Fail |
| Relief Valve Opening Point | _____ psid | | Pass Fail |
| 2nd Check Valve | | | Pass Fail |
| Outlet Valve | Pass | | Fail |

Pressure Vacuum Breaker

| | | | |
|-----------------|------------|--|--------------|
| Air Inlet Valve | | | Pass Fail |
| Check Valve | _____ psid | | Pass Fail |

TESTER CERTIFICATION

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 _____ **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 _____ **Phone No.** _____

Return Original To: City of Munroe Falls
Water Department
43 Munroe Falls Avenue
Munroe Falls, Ohio 44262

Email: water@munroefalls.com
Phone: 330-688-7491 ext 223
Fax: 330-688-3720

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