



# ALLEN COUNTY

## PUBLIC HEALTH

www.allencountypublichealth.org

Allen County Combined Health District

### BACKFLOW PREVENTION PROGRAM

#### Annual Test and Maintenance Report for Backflow Prevention Assemblies

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BACKFLOW PREVENTION ASSEMBLY INFO.		INSTALLATION INFORMATION	
MAKE:		<input type="checkbox"/> WATER SERVICE	
MODEL:		<input type="checkbox"/> MECH ROOM	
SIZE:		PROTECTING:	
SERIAL NO.		OTHER:	
DATE INSTALLED:	/ /		

	REDUCED PRESSURE DEVICES			PRESSURE VACUUM BREAKER	
	DOUBLE CHECK DEVICES		RELIEF VALVE	AIR INLET	CHECK VALVE
	1ST CHECK	2ND CHECK			
INITIAL TEST	<input type="checkbox"/> CLOSED TIGHT RP _____ PSID <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	OPENED AT _____ PSID _____ PSID	OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN	_____ PSID <input type="checkbox"/> LEAKED
REPAIRS AND MATERIALS USED					
TEST AFTER REPAIRS	<input type="checkbox"/> DC CLOSED TIGHT RP _____ PSID	<input type="checkbox"/> CLOSED TIGHT	OPENED AT _____ PSID _____ PSID	OPENED AT _____ PSID _____ PSID	_____ PSID

**CERTIFICATION - TESTER:** I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operation condition.

TESTER (signature) \_\_\_\_\_ TEST DATE / /

TESTER (print) \_\_\_\_\_ OH CERT. NO. \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**CERTIFICATION - FACILITY:** I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, my inoperative or removed without proper authorization. All defects found during the operation period or during tests of assembly were satisfactorily corrected without delay. I further certify that I have responsibility and authority to insure the above.

OWNER/OFFICER (signature) \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER/OFFICER (print) \_\_\_\_\_ DATE \_\_\_\_\_



Public Health  
Present. Promote. Protect.

219 E. Market Street, P.O. Box 1503, Lima, Ohio 45802-1503 | Phone: 419-228-4457 | Fax: 419-224-4161

An Equal Opportunity Employer and Provider of Services Serving All Allen County Including the Cities of Lima & Delphos