

219 E. Market St., Lima, OH 45801

419-228-4457

BACKFLOW PREVENTION PROGRAM Annual test and Maintenance Report for Backflow Prevention Assemblies

FACILITY NAME:

ADDRESS: _____

BACKFLOW PREVENTION ASSEMBLY INFO.			INSTALLATION INFORMATION				
MAKE:			WATER SERVICE				
MODEL:			MECH ROOM				
SIZE:			PROTECTING:				
SERIAL NO.			OTHER:				
DATE INSTALLED:							
		REDUCED PRESSURE DEVIC			ES PRESSURE VACUUM BREAKER		
	DOUBLE CI	HECK DEVICES	REL	IEF VALVE	AIR INLET	CHECK VALVE	
	1 ST CHECK	2 ND CHECK					
INITIAL TEST	CLOSED TIGHT	CLOSED TIGHT	r OPEN	ED AT	OPENED AT	PSID	
	RP PSID				PSID		
	LEAKED	LEAKED		PSID	DID NOT OPEN	LEAKED	
REPAIRS AND MATERIALS USED							
TEST AFTER	DC CLOSED TIGHT	CLOSED TIGHT	OPEN	ED AT	OPENED AT		
REPAIRS							
	RP PSID			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 _______

CERTIFICATION – FACILITY: 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 was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of the device 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 _____