

MAIL TO:

Sheffield Village Water Dept
4480 Colorado Ave.
Sheffield Village, OH 44054
PH: 440-949-6210
FAX: 440-949-5371

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____
Address: _____ Contact Person: _____

Assembly Information

Installation Information

Make: _____
Model: _____
Size: _____
Serial Number: _____

Containment Isolation

Meter Pit Basement Floor Number: _____
Penthouse Boiler Room Room Number: _____
Mechanical Room Protection Provided: _____

| Double Check Assembly | | | |
|-----------------------|-----------------------------|----------|------------------|
| Initial Test | Outlet Valve | | Pass _ Fail _ |
| | 1 st Check Valve | ___ psid | Pass _ Fail _ |
| Date | 2 nd Check Valve | ___ psid | Pass _ Fail _ |

| Reduced Pressure Assembly | | |
|-----------------------------|----------|------------------|
| 1 st Check Valve | ___ psid | Pass _ Fail _ |
| Relief Valve Opening Point | ___ psid | Pass _ Fail _ |
| 2 nd Check Valve | | Pass _ Fail _ |
| Outlet Valve | Pass _ | Fail _ |

| Pressure Vacuum Breaker | | |
|-------------------------|----------|------------------|
| Air Inlet Valve | ___ psig | Pass _ Fail _ |
| Check Valve | ___ psig | Pass _ Fail _ |

Repairs & Materials Used

| Double Check Assembly | | | |
|-----------------------|-----------------------------|----------|------------------|
| Re-Test After | Outlet Valve | | Pass _ Fail _ |
| Repairs | 1 st Check Valve | ___ psid | Pass _ Fail _ |
| Date | 2 nd Check Valve | ___ psid | Pass _ Fail _ |

| Reduced Pressure Assembly | | |
|-----------------------------|----------|------------------|
| 1 st Check Valve | ___ psid | Pass _ Fail _ |
| Relief Valve Opening Point | ___ psid | Pass _ Fail _ |
| 2 nd Check Valve | | Pass _ Fail _ |
| Outlet Valve | Pass _ | Fail _ |

| Pressure Vacuum Breaker | | |
|-------------------------|----------|------------------|
| Air Inlet Valve | ___ psig | Pass _ Fail _ |
| Check Valve | ___ psig | Pass _ Fail _ |

Comments:

TESTER CERTIFICATION: I certify that the above data is correct & the backflow prevention assembly is passed the test.

Tester Name (Printed): _____ Signature: _____

OTCO Certified Tester #: _____ OTCO Certified Tester Exp. Date: ___/___/___

Department of Commerce Certified Tester

Company Name _____ Ohio Certificate #: _____ Contractor #: _____ Date: _____

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: _____ Date: _____