

City of Rittman, Ohio Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____

Address: _____ Contact Person: _____

Assembly Information

Installation Information

Make: _____

Containment _____ Isolation _____

Model: _____

Meter Pit _____ Basement _____ Floor Number: _____

Size: _____

Penthouse _____ Boiler Room _____ Room Number: _____

Serial 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	
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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 hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) _____ Signature _____

Company Name: _____ Ohio Cert. No. _____ Contractor No _____ 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: _____