



**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 <input type="checkbox"/> |  | Isolation <input type="checkbox"/> |  |
|--------------------------------------|--|------------------------------------|--|

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

| Double Check Assembly |                             |         |                  |
|-----------------------|-----------------------------|---------|------------------|
| <b>Initial Test</b>   | Outlet Valve                |         | Pass _<br>Fail _ |
|                       | 1 <sup>st</sup> Check Valve | ___psid | Pass _<br>Fail _ |
| <b>Date</b>           | 2 <sup>nd</sup> Check Valve | ___psid | Pass _<br>Fail _ |

| Reduced Pressure Assembly   |         |                  |
|-----------------------------|---------|------------------|
| 1 <sup>st</sup> Check Valve | ___psid | Pass _<br>Fail _ |
| Relief Valve Opening Point  | ___psid | Pass _<br>Fail _ |
| 2 <sup>nd</sup> Check Valve |         | Pass _<br>Fail _ |
| Outlet Valve                | Pass _  | Fail _           |

| Pressure Vacuum Breaker |         |                  |
|-------------------------|---------|------------------|
| Air Inlet Valve         | ___psig | Pass _<br>Fail _ |
| Check Valve             | ___psig | Pass _<br>Fail _ |

|                                     |  |
|-------------------------------------|--|
| <b>Repairs &amp; Materials Used</b> |  |
|-------------------------------------|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

| Double Check Assembly        |                             |         |                  |
|------------------------------|-----------------------------|---------|------------------|
| <b>Re-Test After Repairs</b> | Outlet Valve                |         | Pass _<br>Fail _ |
|                              | 1 <sup>st</sup> Check Valve | ___psid | Pass _<br>Fail _ |
| <b>Date</b>                  | 2 <sup>nd</sup> Check Valve | ___psid | Pass _<br>Fail _ |

| Reduced Pressure Assembly   |         |                  |
|-----------------------------|---------|------------------|
| 1 <sup>st</sup> Check Valve | ___psid | Pass _<br>Fail _ |
| Relief Valve Opening Point  | ___psid | Pass _<br>Fail _ |
| 2 <sup>nd</sup> Check Valve |         | Pass _<br>Fail _ |
| Outlet Valve                | Pass _  | Fail _           |

| Pressure Vacuum Breaker |         |                  |
|-------------------------|---------|------------------|
| Air Inlet Valve         | ___psig | Pass _<br>Fail _ |
| Check Valve             | ___psig | Pass _<br>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: \_\_\_\_\_