

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

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

PHONE NUMBER: \_\_\_\_\_

**Assembly Information**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Size: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Line Pressure: \_\_\_\_\_

**Installation Information**

Containment  Isolation

Meter Pit Basement Floor Number: \_\_\_\_\_

Boiler Room Mechanical Room Exterior: \_\_\_\_\_

Domestic Fire Line Bypass

**Double Check Assembly**

**Reduced Pressure Assembly**

**Pressure Vacuum Breaker**

<b>Initial Test</b>	Outlet Valve		Pass Fail
	1 <sup>st</sup> Check Valve	___psid	Pass Fail
<b>Date</b> _____	2 <sup>nd</sup> Check Valve	___psid	Pass Fail

1 <sup>st</sup> Check Valve	___ psid	Pass Fail
Relief Valve Opening Point	___ psid	Pass Fail
2 <sup>nd</sup> Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

<b>Repairs &amp; Materials Used</b>	
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**Double Check Assembly**

**Reduced Pressure Assembly**

**Pressure Vacuum Breaker**

<b>Re-Test After Repairs</b>	Outlet Valve		Pass Fail
	1 <sup>st</sup> Check Valve	___psid	Pass Fail
<b>Date</b> _____	2 <sup>nd</sup> Check Valve	___psid	Pass Fail

1 <sup>st</sup> Check Valve	___ psid	Pass Fail
Relief Valve Opening Point	___ psid	Pass Fail
2 <sup>nd</sup> Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

**COMMENTS:**

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

Tester Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_  
Company Name \_\_\_\_\_ Ohio Cert. No. \_\_\_\_\_ Certification Expiration Date \_\_\_\_\_

**FACILITY CERTIFICATION**

*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: \_\_\_\_\_