

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____ Address: _____
 Contact Person: _____ Phone No. _____

Assembly Information

Installation Information

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

CIRCLE ONE
 Containment or Isolation

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	__psid	pass fail
Outlet valve	Pass	fail

Pressure Vacuum Breaker

Air inlet valve	__psig	pass fail
Check valve	__psig	Pass fail

Repairs & Materials Used _____

What hazard is being protected? (ie. Boiler, irrigation, domestic,) _____
 Where is assembly located? _____

Double check assembly

Re test After repairs	Outlet Valve		pass fail
Date _____	1 st Check valve	__psid	pass fail
	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	__psid	fail

Pressure Vacuum breaker

Air Inlet Valve	__psig	pass fail
Check Valve	__psig	Pass fail

Tester Certification: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester name (printed) _____ Signature _____ phone no. _____
 Company name _____ Cert. No. _____ Contractor No. _____ 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 _____ Phone No. _____
 Title: _____ Date: _____

Mail or Fax To:
 James Graf
 Cross Connection Tech

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