

VILLAGE OF MCCONNELSVILLE

Annual Test and Maintenance Report for Backflow Prevention Assemblies

(please type or print clearly)

Facility Name: _____ Phone: _____

Address: _____ Contact Person: _____

ASSEMBLY INFORMATION
Make: _____
Model: _____
Size: _____
Serial Number: _____

INSTALLATION INFORMATION
Containment <input type="checkbox"/> Isolation <input type="checkbox"/>
Meter Pit <input type="checkbox"/> Floor Number _____
Penthouse <input type="checkbox"/> Room Number _____
Mechanical Room <input type="checkbox"/>
Basement <input type="checkbox"/>
Boiler Room <input type="checkbox"/> Protection Provided _____

Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date	2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	_____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	_____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Repair & Materials Used	
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Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date	2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	_____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	_____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

TESTER CERTIFICATION: *I hereby certify that the above data is correct and that the backflow prevention device is in proper working order*

Tester Name (Printed) _____ Signature _____
 Company Name _____ Ohio 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 _____
 Title _____ Date _____