



City of Circleville

RETURN ORIGINALS TO
 802 S PICKAWAY ST., CIRCLEVILLE, OH 43113
 backflow@circlevilleoh.org
 Phone: 740-302-0080 Fax: 740-477-8283



Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____ Address: _____

Contact Person: _____ Phone No: _____

Assembly Information

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

Installation Information

Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>
Basement <input type="checkbox"/>	Boiler Room <input type="checkbox"/>
Mechanical Room <input type="checkbox"/>	Floor Number: _____
New Assembly <input type="checkbox"/>	Room Number: _____
Existing Assembly <input type="checkbox"/>	Replacement Assembly <input type="checkbox"/>
Serial # Removed: _____	

Double Check Assembly

Reduced Pressure Assembly

Pressure Vacuum Breaker

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
	Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	___psig
1 st Check Valve		___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	___psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve		___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>			
Repair Material Used									
Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	___psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	___psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>			

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: _____ OH Cert. No: _____

Company Name: _____ Phone No: _____ Date: _____

Test Equipment: Make: _____ Model: _____ SN# _____ Cal. 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 in-operative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed): _____ Signature: _____ Date: _____

Title: _____ Phone No: _____