



DEPARTMENT OF PUBLIC WORKS
 DIVISION OF WATER AND WASTEWATER COLLECTION
 12805 DETROIT AVENUE • 44107 • (216) 529-6820
 Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____ Account Number: _____

Complete Address: _____ Contact Person: _____

Assembly Information

Installation Information

Containment Isolation

Make: _____
 Model: _____
 Size: _____
 Serial Number: _____
 Inlet Water PSI: _____

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

Double Check Assembly	Reduced Pressure Assembly	Pressure Vacuum Breaker
Initial Test : _____ Date: _____	Initial Test : _____ Date: _____	Initial Test : _____ Date: _____
Outlet Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>	Air Inlet Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>
1st Check Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>	Relief Valve Opening Point Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>	Check Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>
2 nd Check Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>	2 nd Check Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
	Outlet Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Repair & Materials used	Repair & Materials used	Repair & Materials used
Re-test after repairs Date : _____	Re-test after repairs Date : _____	Re-test after repairs Date : _____
Outlet Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>	Air Inlet Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>
1st Check Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>	Relief Valve Opening Point Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>	Check Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>
2 nd Check Valve Pass <input type="checkbox"/> _____psi Fail <input type="checkbox"/>	2 nd Check Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
	Outlet Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>	

Comments:

Tester certification: *I hereby certify that the above data is correct and the backflow device is in proper working condition*

Tester Name (Printed) _____ Signature _____

Company Name _____ Ohio Cert. No. _____ Contractor No. _____ Date _____

Owner/Officer (Printed) _____ Signature _____ Date _____