

**STATE OF OHIO**  
**Annual Test & Maintenance Report for Backflow Prevention Assemblies**

Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Assembly Information**

**Installation Information**

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

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

<b>Double Check Assembly</b>			
<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 _

<b>Reduced Pressure Assembly</b>		
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 _

<b>Pressure Vacuum Breaker</b>		
Air Inlet Valve	___psig	Pass _ Fail _
Check Valve	___psig	Pass _ Fail _

<b>Repairs &amp; Materials Used</b>	
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<b>Double Check Assembly</b>			
<b>Re-Test After</b>	Outlet Valve		Pass _ Fail _
<b>Repairs</b>	1 <sup>st</sup> Check Valve	___psid	Pass _ Fail _
<b>Date</b>	2 <sup>nd</sup> Check Valve	___psid	Pass _ Fail _

<b>Reduced Pressure Assembly</b>		
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 _

<b>Pressure Vacuum Breaker</b>		
Air Inlet Valve	___psig	Pass _ Fail _
Check Valve	___psig	Pass _ Fail _

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

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

Tester Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

OTCO Certified Tester #: \_\_\_\_\_ OTCO Certified Tester Exp. Date: \_\_\_/\_\_\_/\_\_\_

Department of Commerce Certified Tester

Company Name \_\_\_\_\_ Ohio Certificate #: \_\_\_\_\_ Contractor #: \_\_\_\_\_ Date: \_\_\_\_\_

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