



DIVISION OF WATER TREATMENT  
 1831 US Hwy 68 North, Xenia, OH 45385  
 PHONE: 937-376-7269  
 FAX: 937-372-8791

**BACKFLOW PREVENTION TESTING FORM**

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

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Assembly Information		Installation Information		
Make: _____		Containment <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Isolation <input type="checkbox"/>
Model: _____		Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/>	Floor Number: _____
Size: _____	inch	Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>	Room Number: _____
Serial Number: _____		Mechanical Room <input type="checkbox"/>	Protection Provided: _____	

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

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

Repairs & Materials Used	
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Double Check Assembly			
Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date	2 <sup>nd</sup> Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 <sup>nd</sup> 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 condition.*

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

Company Name \_\_\_\_\_ Ohio Cert No. \_\_\_\_\_ Contractor No. \_\_\_\_\_

(Attach current copy)

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

<b><u>FACILITY CERTIFICATION:</u></b>	<i>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 THE PERIOD THIS DEVICE WAS NOT BYPASSED, MADE INOPERATIVE OR REMOVED WITHOUT PROPER AUTHORIZATION. I FURTHER CERTIFY THAT I HAVE THE AUTHORITY TO ENSURE THE ABOVE.</i>
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Owner/Officer (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_