# Backflow Prevention Testing Form

## Facility Information
- **Facility Name:**
- **Contact Person:**
- **Address:**
- **Phone No.:**

## Assembly Information
- **Make:**
- **Model:**
- **Size:**
- **Serial Number:**
- **Containment:**
- **Irrigation:**
- **Isolation:**
- **Floor Number:**
- **Protection Provided:**
  - Double Check Assembly
  - Reduced Pressure Assembly
  - Pressure Vacuum Breaker

### Tests

| Test       | Valve 1 | Valve 2 | Pressure
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Initial</td>
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<tr>
<td></td>
<td>Pass</td>
<td>Fail</td>
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<tr>
<td>1st Check</td>
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<td></td>
<td>Pass</td>
<td>Fail</td>
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<td>Date</td>
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<tr>
<td>2nd Check</td>
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</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Fail</td>
<td></td>
</tr>
</tbody>
</table>

### Repairs & Materials Used

## 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.:**

**Phone 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 to ensure the above.

**Owner/Officer (Printed):**

**Signature:**

**Title:**

**Phone No.:**

**Date:**