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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: _____

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

Double Check Assembly			
Initial Test	Outlet Valve		Pass _ Fail _
	1 st Check Valve	___ psid	Pass _ Fail _
Date	2 nd Check Valve	___ psid	Pass _ Fail _

Reduced Pressure Assembly		
1 st Check Valve	___ psid	Pass _ Fail _
Relief Valve Opening Point	___ psid	Pass _ Fail _
2 nd Check Valve		Pass _ Fail _
Outlet Valve	Pass _	Fail _

Pressure Vacuum Breaker		
Air Inlet Valve	___ psig	Pass _ Fail _
Check Valve	___ psig	Pass _ Fail _

Repairs & Materials Used

Double Check Assembly			
Re-Test After	Outlet Valve		Pass _ Fail _
Repairs	1 st Check Valve	___ psid	Pass _ Fail _
Date	2 nd Check Valve	___ psid	Pass _ Fail _

Reduced Pressure Assembly		
1 st Check Valve	___ psid	Pass _ Fail _
Relief Valve Opening Point	___ psid	Pass _ Fail _
2 nd Check Valve		Pass _ Fail _
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker		
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: _____