



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Service Name: _____ Phone: _____
 Service Address: _____ City: _____ Zip: _____

Owner's Certification:

I hereby certify that this device has been in constant use at this location in a manner approved by the Ohio E.P.A. and LAKE COUNTY UTILITIES. During this period, this assembly was not by-passed, made inoperative or removed without proper authorization. All defects found during the operating period or during testing of this assembly were satisfactorily corrected without delay.

Owner/Agent: _____ Date: _____

Test Report:

Mfg Name: _____ Serial #: _____ Size: _____

Year Installed: _____ Location: _____ Type of Device: _____

Required Service: Pressure Test: _____ 30 Month Cleaning: _____ 5 Year Rebuild: _____

Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	___psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Date _____	2nd Check Valve	___psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	___psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Relief Valve Opening Point	___psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
2nd 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	___psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	___psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

Repair & Materials Used	
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Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	___psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Date _____	2nd Check Valve	___psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	___psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Relief Valve Opening Point	___psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
2nd 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	___psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	___psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

Air Gap Inspection: Require minimum air gap separation provided? Yes No

Certified Tester Information

Tester's Name (Printed): _____ D.O.C. Cert. No.: _____
 Tester's Company Name: _____ Phone: _____
 Tester's Signature: _____ Date: _____

Comments: _____