

**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 <input type="checkbox"/>	Isolation <input type="checkbox"/>
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Meter Pit  Basement  Floor Number: \_\_\_\_\_  
 Penthouse  Boiler Room  Room Number: \_\_\_\_\_  
 Mechanical Room  Protection Provided: \_\_\_\_\_

Double Check Assembly			
Initial Test	Outlet Valve		Pass _ Fail _
	1 <sup>st</sup> Check Valve	___psid	Pass _ Fail _
Date	2 <sup>nd</sup> Check Valve	___psid	Pass _ Fail _

Reduced Pressure Assembly		
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 _

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 <sup>st</sup> Check Valve	___psid	Pass _ Fail _
Date	2 <sup>nd</sup> Check Valve	___psid	Pass _ Fail _

Reduced Pressure Assembly		
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 _

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: \_\_\_\_\_

Updated 6/15/16

Please mail results to: City of Bedford  
 Attn: Water Dept. Backflow  
 120 Solon Rd.  
 Bedford, OH 44146

Fax or Email results to: (440) 232-6613  
 backflow@bedfordoh.gov