

City of Oakwood 30 Park Ave Oakwood OH 45419 937-298-0400

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Email to oakwoodbackflow@oakwoodohio.gov

## **BACKFLOW CERTIFICATION**

PLEASE PRINT										
Property Owner:							Telephone #			
			DEVICE	INFO	RMATION					
Device street address:					Location of device					
Size Make				Mod	el	Serial #				
New Device Annual Test		Type of Service Irrigation Fire				Type of Protection  Isolation  Containment				
Initial Test Date:										
Reduce Pressure Assembly Double Check Valve					Pressure Vacuum Breaker					
	PSID	PASS	FAIL					PSID	PASS	FAIL
1 <sup>ST</sup> CHECK VALVE					Air Inlet	Valve Op	ened At			
2 <sup>ND</sup> CHECK VALVE					Check V	alve Held	At			
RELIEF VALVE OPENED AT	-									
After Repairs Test Da	ite :									
Reduce Pressure Assembly					Pressure Vacuum Breaker					
Double Check Valve									T	
	PSID	PASS	FAIL	_				PSID	PASS	FAIL
1 <sup>ST</sup> CHECK VALVE				_		Valve Ope				
2 <sup>ND</sup> CHECK VALVE				_  [	Check V	alve Held	At			
RELIEF VALVE OPENED AT	•									
Comments :										
PLEASE PRINT I certify all information o	n this report is					ng that inco				
Tester Name Certified To				Teste	r#	Certi	Certification Expiration			
Plumbing Company Name							Telephone #			
Tester Signature:										