



City of Oakwood
30 Park Ave
Oakwood OH 45419
937-298-0400
Fax: 937-297-2940
Email:
russell@oakwoodohio.gov

BACKFLOW CERTIFICATION

PLEASE PRINT

Property Owner:	Telephone #
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DEVICE INFORMATION

Device street address:		Location of device	
Size	Make	Model	Serial #
<input type="checkbox"/> New Device <input type="checkbox"/> Annual Test	Type of Service <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire	Type of Protection <input type="checkbox"/> Isolation <input type="checkbox"/> Containment	

Initial Test Date :

Reduce Pressure Assembly Double Check Valve				Pressure Vacuum Breaker			
	PSID	PASS	FAIL		PSID	PASS	FAIL
1 ST CHECK VALVE		<input type="radio"/>	<input type="radio"/>	Air Inlet Valve Opened At		<input type="radio"/>	<input type="radio"/>
2 ND CHECK VALVE		<input type="radio"/>	<input type="radio"/>	Check Valve Held At		<input type="radio"/>	<input type="radio"/>
RELIEF VALVE OPENED AT		<input type="radio"/>	<input type="radio"/>				

After Repairs Test Date :

Reduce Pressure Assembly Double Check Valve				Pressure Vacuum Breaker			
	PSID	PASS	FAIL		PSID	PASS	FAIL
1 ST CHECK VALVE		<input type="radio"/>	<input type="radio"/>	Air Inlet Valve Opened At		<input type="radio"/>	<input type="radio"/>
2 ND CHECK VALVE		<input type="radio"/>	<input type="radio"/>	Check Valve Held At		<input type="radio"/>	<input type="radio"/>
RELIEF VALVE OPENED AT		<input type="radio"/>	<input type="radio"/>				

Comments :

PLEASE PRINT

I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.

Tester Name	Certified Tester #	Certification Expiration
Plumbing Company Name		Telephone #
Tester Signature:		

Complete the form online at www.oakwoodohio.gov