



Backflow Prevention Assembly Test Report



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PROPERTY ADDRESS: _____ Zip _____
CUSTOMER OR BUSINESS NAME: _____
CONTACT PERSON: _____ PHONE# _____

Device Information – Please Print

EXISTING [] or REPLACEMENT [] OLD ASSEMBLY SERIAL NUMBER: _____
TYPE OF ASSEMBLY: _____
MAKE OF ASSEMBLY: _____ MODEL: _____
SIZE: _____ SERIAL NO.: _____
What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____
Describe location of assembly: _____

Double Check Valve

Reduced Pressure Assembly

Pressure Vacuum Breaker

Table with 10 columns and 6 rows. Columns include: Outlet Valve, Pass/Fail, 1st Check Valve, ___psid, Pass/Fail, Air Inlet Valve, ___psig, Pass/Fail. Rows include: Initial Test, Repairs & Materials Used, Re-Test After Repairs, and AIR GAP INSPECTION: Required Air Gap Separation Provided? Yes [] No []

Does the assembly meet proper piping installation requirements? (Circle One) YES NO

Assembly(Circle One) PASSED FAILED * NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS
COMMENTS:

Certified Tester Information – Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester’s Name (PRINTED): _____ Cert.#: _____

Test Equipment: Make: _____ Model: _____ SN#: _____ Cal. Date ___/___/___

Tester’s Company’s Name: _____ PH#: _____

Tester’s Signature: _____ Date: ___/___/___