

City of Pataskala

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(*All applicable fields must be filled out completely and legibly for test results to be accepted*)

Facility Name: _____ Address: _____

Facility Contact Person: _____ Phone Number: _____

Test / Install Date: _____ Existing: New: Replacement: Old Serial No. _____

Assembly Information

Installation Information

Make:	Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>
Model:	Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/> Floor #: _____
Size:	Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/> Room #: _____
Serial Number:	Mechanical Room <input type="checkbox"/>	Protection Provided: _____

Double Check Assembly

Reduced Pressure Assembly

Pressure Vacuum Breaker

Initial Test Date: _____	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	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"/>	Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Initial Test Comments:			
					Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>					
Repair & Materials Used												
Re-Test After Repairs Date: _____	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	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"/>	Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Re-Test Comments:			
					Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>					

Tester Certification: I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed): _____ Signature: _____ Phone No. _____

OH Cert No. _____ Exp. Date: _____ Company Name: _____ Contractor No. _____

Facility Certification: 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.

Facility Owner/Officer: _____ Signature: _____

Title: _____ Date: _____ Phone No.: _____

Please Return Original To: 621 W. Broad St. Suite 1-D Pataskala, OH 43062 Or:

Email: agardner@ci.pataskala.oh.us Fax: 740-927-0228 Questions: Call Tony at 614-554-3044 or
ncoey@ci.pataskala.oh.us the Utility Office at 740-964-6275