

# 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: 430 South Main Street, Pataskala, OH 43062 Or:

Email: [jburr@ci.pataskala.oh.us](mailto:jburr@ci.pataskala.oh.us) Fax: 740-964-6269 Questions: call the Utility Office at  
[csharrock@ci.pataskala.oh.us](mailto:csharrock@ci.pataskala.oh.us) 740-964-6275