

Avon Lake Regional Water

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility/Owner Name: _____

Address: _____ Contact Person: _____

Assembly Information

Make: _____
 Model: _____
 Size: _____
 Serial Number: _____

Installation Information

Containment _	Isolation _
Meter Pit _	Basement _ Floor Number: _____
Penthouse _	Boiler Room _ Room Number: _____
Mechanical Room _ Protection Provided: _____	

Existing Device (Previously Reported) ___ Replacement Device (New Serial Number) ___ New Device ___

Double Check Assembly			
Initial Test	Outlet Valve		Pass _ Fail _
	1 st Check Valve	psid	Pass _ Fail _
Date	2 nd Check Valve	psid	Pass _ Fail _

Reduced Pressure Assembly		
1 st Check Valve	___ psid	Pass _ Fail _
Relief Valve Opening Point	___ psid	Pass _ Fail _
2 nd Check Valve		Pass _ Fail _
Outlet Valve	Pass _	Fail _

Pressure Vacuum Breaker		
Air Inlet Valve	___ psig	Pass _ Fail _
Check Valve	___ psig	Pass _ Fail _

Repairs & Materials Used

Double Check Assembly			
Re-Test After	Outlet Valve		Pass _ Fail _
Repairs	1 st Check Valve	psid	Pass _ Fail _
Date	2 nd Check Valve	psid	Pass _ Fail _

Reduced Pressure Assembly		
1 st Check Valve	___ psid	Pass _ Fail _
Relief Valve Opening Point	___ psid	Pass _ Fail _
2 nd Check Valve		Pass _ Fail _
Outlet Valve	Pass _	Fail

Pressure Vacuum Breaker		
Air Inlet Valve	___ psig	Pass _ Fail _
Check Valve	___ psig	Pass _ Fail _

Comments:

TESTER CERTIFICATION: *I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) _____ Signature _____

___ OTCO Certified Tester #: _____ OTCO Certified Tester Exp. Date: ___/___/___

___ Department of Commerce Certified Tester

Company Name _____ Ohio Certificate #: _____ Contractor #: _____ Date: _____

OWNER'S RESPONSIBILITY

The Owner shall retain a copy of all backflow prevention assembly test certifications for a minimum period of three (3) years. The Owner shall assure that the above backflow prevention assembly has been in constant use at this location in manner approved by Avon Lake Regional Water during the entire prescribed interval between test periods and during that period this assembly was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of the assembly were satisfactorily corrected without delay.

Please remit report to: AVON LAKE REGIONAL WATER, 201 MILLER ROAD, AVON LAKE, OHIO 44012

Fax No. 440.933.8842 backflow@avonlakewater.org