

Avon Lake Regional Water

Acct #: _____
(For ALRW Use)

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility/Owner Name: _____ Date of Test: _____

Address: _____ Phone Number: _____

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 _
	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 _

Line PSI: _____

Repairs & Materials Used	
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Double Check Assembly			
Re-Test After	Outlet Valve		Pass _ Fail _
Repairs	1 st Check Valve	_____ psid	Pass _ Fail _
	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 _

Line PSI: _____

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: ____/____/____

____ DoC Certified Tester #: _____ DoC Certified Exp. Date: ____/____/____

Company Name _____ Company Phone #: _____ Email: _____

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