



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Form is available at
www.westerville.org

Please return to:

MAIL: City of Westerville, Water Division
Backflow Compliance
21 S. State St.
Westerville, Ohio 43081-2121
(FAX): 614-901-6773

Customer and Property Information – Please Print

PROPERTY ADDRESS: _____ Westerville, Ohio Zip _____

CUSTOMER NAME _____ CONTACT PERSON: _____

CONTACT ADDRESS (if different) _____ PHONE# _____

Device Information – Please Print

NEW INSTALLATION EXISTING or REPLACEMENT

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP RPDA DC DCDA PVB OTHER (SPECIFY) _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SIZE: _____ SERIAL NO.: _____

What HAZARD is being contained or isolated? (i.e. boiler, irrigation, sprinkler, complete building): _____

Describe location of assembly: _____

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st 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	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st 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	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	AIR GAP INSPECTION: Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			

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: _____ Ohio Cert. #: _____

Tester's Company Name: _____ PH#: _____

Tester's Signature: _____ Date: _____

Provide a copy of this Test Report to the owner and Water Division