



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return completed forms to: City of Westerville, Water Division
 Preferred: Via email attachment to backflow@westerville.org with customer copied, location address in subject line
 Or by U.S. Mail
 City of Westerville
 Backflow Compliance
 21 S. State St. Westerville, Ohio 43081-2121

Service Address Information

Test Due: / /
 Serial #:
 Device: 0.000

Location:

FORM MUST BE COMPLETED IN FULL TO BE ACCEPTED

NEW INSTALLATION EXISTING REPLACEMENT REMOVED

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(_____) COMMENTS: _____

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS COMPLETE, TRUE, AND ACCURATE.

(All Fields Required)

Tester's Name: _____ Ohio Cert. #: _____

Phone Number: _____ Company: _____

Tester's Signature: _____ Email: _____ Date _____

0-0 Provide a copy of this Test Report to the owner and Water Division