



CITY OF PIQUA

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____
 Complete Address: _____ Contact: _____

Assembly Information

Make: _____
 Model: _____
 Size: _____
 Serial No.: _____

Installation Information

Containment Isolation
 Meter Pit Basement Floor No.: _____
 Penthouse Boiler Rm. Room No.: _____
 Mech. Rm. Protection Provided: _____

Double Check Assembly

Initial Test	#2 Shutoff Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Date: _____	
1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		2nd Check Valve	
2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

Initial Test	1st Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Date: _____psid	
Relief Valve Open	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		2nd Check Valve	
#2 Shutoff Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Initial Test	Air Inlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Date: _____psid	
Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Repairs & Materials Used _____

Retest	#2 Shutoff Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Date: _____	
1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		2nd Check Valve	
2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Retest	1st Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Date: _____psid	
Relief Valve Open	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		2nd Check Valve	
#2 Shutoff Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Retest	Air Inlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Date: _____psid	
Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

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

Tester Name (Print): _____ Signature: _____
 Company Name: _____ Ohio Cert. No. _____ Date: _____

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.

Owner/Officer (Print): _____ Signature: _____
 Title: _____ Date: _____