

STATE OF OHIO TESTER CERTIFICATION

Ohio Environmental Protection Agency & Ohio Department of Commerce

Facility Name: _____ Address: _____
 Contact Person: _____ Phone No. _____

Assembly Information

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

Installation Information

Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>
Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/> Floor Number: _____
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/> Room Number: _____
Mechanical Room <input type="checkbox"/>	Protection Provided: _____

Double Check Assembly

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"/>
Date	2 nd Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	_____	_____	_____	_____

Reduced Pressure Assembly

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"/>
2 nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	___psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	___psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Repairs & Materials Used	
--------------------------	--

--

--

Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	1 st Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date	2 nd Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	_____	_____	_____	_____

Reduced Pressure Assembly

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"/>
2 nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	___psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	___psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

TESTER CERTIFICATION:

I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Print Tester Name _____

Date _____

Tester Signature _____

Instructor Signature _____

Bin Number _____

Pass Fail