

# The City of Geneva WATER WORKS

44 N. Forest St.  
Geneva, Ohio 44041

## ANNUAL TEST & MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Assembly Information**

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

**Installation**

Containment      Isolation  
 Meter Pit      Basement      Floor Number: \_\_\_\_\_  
 Penthouse      Boiler Room      Room Number: \_\_\_\_\_  
 Mechanical Room      Protection Provided: \_\_\_\_\_

**Information**

Double Check Assembly			
Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date	2 <sup>nd</sup> Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly		
1 <sup>st</sup> 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 <sup>nd</sup> 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

1 <sup>st</sup> 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 <sup>nd</sup> Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>

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

Tester Name (Printed) \_\_\_\_\_ Signature: \_\_\_\_\_  
 Company Name \_\_\_\_\_ Ohio Cert. No. \_\_\_\_\_ Contractor 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 (Printed) \_\_\_\_\_ Signature \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_