



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

<http://www.sanitaryengineer.co.medina.oh.us/water/backflow.html>

Please return report to:

Medina County Sanitary Engineers
 Backflow Prevention Program
 P.O. Box 542
 Medina, OH 44258

BACKFLOW TEST DATE: _____ COMMERCIAL RESIDENTIAL

NAME OF PREMISE: _____

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ LOCATION OF ASSEMBLY: _____

DOMESTIC FIRE LINE FIRE LINE BYPASS LAWN SPRINKLER OTHER: _____

DCVA RPBA PVBA DCDA OTHER: _____

NEW INSTALLATION EXISTING REPLACEMENT NEW ASSEMBLY SERIAL NUMBER: _____

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

THIS DEVICE IS INSTALLED AS: ISOLATION CONTAINMENT

INITIAL TEST	<u>DCVA/RPBA</u> <u>CHECK VALVE NO.1</u>	<u>DCVA/RPBA</u> <u>CHECK VALVE NO.2</u>	<u>RPBA</u>	<u>PVBA</u>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	OUTLET VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____PSID	OUTLET VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/> OPENED AT _____PSID #1 CHECK _____PSID AIR GAP OK?	AIR INLET OPENED AT _____PSID DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____PSID	CLOSED TIGHT <input type="checkbox"/> _____PSID	OPENED AT _____PSID #1 CHECK _____PSID	AIR INLET _____PSID CHK VALVE _____PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No

REMARKS: _____

Thermo Orion Method AC2095

_____ LINE PRESSURE _____

TESTER'S SIGNATURE _____ CERT. NO. _____ EXP. DATE _____

TESTER'S NAME PRINTED _____ COMPANY NAME: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

GAGE CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED YES NO