



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED**

Please return to: MAIL: Village of Fredericktown  
 Backflow Compliance  
 2 East Sandusky Street  
 Fredericktown, Ohio 43019  
 (FAX) 740-694-9032

Customer and Property Information – Please Print

PROPERTY ADDRESS: \_\_\_\_\_ Zip \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

**Device Information – Please Print**

NEW INSTALLATION    EXISTING    or    REPLACEMENT    OLD ASSEMBLY SERIAL NUMBER: \_\_\_\_\_

TYPE OF ASSEMBLY (CIRCLE ONE)    AIR GAP       RP       DC       PVB       OTHER (SPECIFY) \_\_\_\_\_

MAKE OF ASSEMBLY: \_\_\_\_\_ MODEL: \_\_\_\_\_ SIZE: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_

What hazard is being isolated? (i.e. boiler, irrigation, complete building): \_\_\_\_\_

Describe location of assembly: \_\_\_\_\_

Double Check Assembly				Reduced Pressure Assembly			Pressure Vacuum Breaker		
<b>Initial Test</b>	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"/>	Air Inlet Valve	____psig	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"/>	Check Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION:</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			
<b>Repairs &amp; Materials Used</b>									
<b>Re-Test After Repairs</b>	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"/>	Air Inlet Valve	____psig	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"/>	Check Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION:</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			

Does the assembly meet proper piping installation requirements?    YES     NO

**Assembly PASSED(\_\_\_\_) FAILED(\_\_\_\_) \* NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS**

COMMENTS: \_\_\_\_\_

**Certified Tester Information – Please Print**

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

Tester's Name (PRINTED): \_\_\_\_\_ Cert. #: \_\_\_\_\_

Test Equipment:    Make: \_\_\_\_\_    Model \_\_\_\_\_    SN# \_\_\_\_\_    Cal. Date \_\_\_\_\_

Tester's CO. Name: \_\_\_\_\_ PH#: \_\_\_\_\_

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_