



## BACKFLOW PREVENTER TEST REPORT

Utilities Department  
301 Sycamore Street, Brookville, OH 45309  
Phone: 937-833-2135  
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Reduced Pressure Principle Backflow Preventor

Double Check Valve Assembly

Pressure Vacuum Breaker

Name of Owner/Occupant of Device: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of Device \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Make and Model: \_\_\_\_\_ Size: \_\_\_\_\_

Serial No: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Exact Location of Device \_\_\_\_\_

Line Pressure _____ psi	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Test Before Repair	Leaked ( <input type="checkbox"/> ) Closed Tight ( <input type="checkbox"/> )	Leaked ( <input type="checkbox"/> ) Closed Tight ( <input type="checkbox"/> )	Opened at _____ psi Reduced Pressure
Describe Repair			
Material Used			
Final Test	Closed Tight ( <input type="checkbox"/> )	Closed Tight ( <input type="checkbox"/> )	Opened at _____ psi Reduced Pressure

CERTIFICATION (tester)

I hereby certify the above date to be correct and that the above backflow prevention device is in proper operating condition.

Tester: (signature): \_\_\_\_\_ State of Ohio Cert. No: \_\_\_\_\_

Tester: (print): \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Tester Email: \_\_\_\_\_

CERTIFICATION (company)

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 by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of device were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Officer (signature): \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Officer (print): \_\_\_\_\_ Date: \_\_\_\_\_