



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Mail: 6670 Lockville Rd., Carroll, OH 43112
Fax: (614) 322-5203, (740) 652-7129
Email: FC-utilities@fairfieldcountyohio.gov

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 GAPRP 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		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 st Check Valve	_____psid	Pass <input type="checkbox"/>	Air Inlet Valve	_____psig	Pass <input type="checkbox"/>
	1 st Check Valve	_____psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/>	Check Valve	_____psig	Pass <input type="checkbox"/>
	2 nd Check Valve	_____psid	Pass <input type="checkbox"/>	2 nd Check Valve	_____psid	Pass <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	_____psid	Pass <input type="checkbox"/>	1 st Check Valve	_____psid	Pass <input type="checkbox"/>	Air Inlet Valve	_____psig	Pass <input type="checkbox"/>
	1 st Check Valve	_____psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/>	Check Valve	_____psig	Pass <input type="checkbox"/>
	2 nd Check Valve	_____psid	Pass <input type="checkbox"/>	2 nd Check Valve	_____psid	Pass <input type="checkbox"/>	AIR GAP INSPECTION: 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: _____