**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

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

Please return to:

MAIL: Fairfield County Utilities
6670 Lockville Road
Carroll, OH 43112
614-322-5200 / 740-652-7120
(FAX) 614-322-5203
(FAX) 740-652-7129

**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: ___________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Double Check Assembly</th>
<th>Reduced Pressure Assembly</th>
<th>Pressure Vacuum Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Test</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outlet Valve</td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>1st Check Valve</td>
<td>____ psid</td>
<td>Pass</td>
</tr>
<tr>
<td>2nd Check Valve</td>
<td>____ psid</td>
<td>Pass</td>
</tr>
<tr>
<td>Outlet Valve</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Re-Test After Repairs** | | |
| Outlet Valve | ____ psid | Pass | Fail | 1st Check Valve | ____ psid | Pass | Fail | Air Inlet Valve | ____ psig | Pass | Fail | |
| 1st Check Valve | ____ psid | Pass | Fail | Relief Valve Opening Point | ____ psid | Pass | Fail | Check Valve | ____ psig | Pass | Fail | |
| 2nd Check Valve | ____ psid | Pass | Fail | 2nd Check Valve | ____ psid | Pass | Fail | | | | |
| Outlet Valve | | | Pass | Fail | | | | | | | |

AIR GAP INSPECTION: Required Air Gap Separation Provided? Yes □ No □

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: ___________________________