



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Please return original to:

MAIL: City of Greenville  
Division of Water  
4160 State Route 502  
Greenville, Ohio 45331



### Customer and Property Information – Please Print

PROPERTY ADDRESS: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

### Device Information – Please Print

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

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

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

DIAMETER OF THE SUPPLY PIPE OR OPENING: \_\_\_\_\_ HEIGHT OF SUPPLY OPENING ABOVE THE FLOOD RIM: \_\_\_\_\_

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

Describe location of assembly: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

	Double Check Assembly (1015 or 1048)			Reduced Pressure Assembly (1013 or 1047)			Pressure Vacuum Breaker (1020)		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION (112.1):</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Fail <input type="checkbox"/>	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>				
Repairs & Material Used									
Re-Test After Repairs	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION (112.1):</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Fail <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: \_\_\_\_\_

**Tester Certification:** I certify that all information on this report is true & accurate and that the backflow prevention assembly has passed the test.

Tester's Name (PRINTED): \_\_\_\_\_ Cert. No.: \_\_\_\_\_

Test Equipment: Make: \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_ Cal. Date: \_\_\_\_\_

Tester's CO. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

**Facility Certification:** I hereby certify that the above backflow preventer has been in constant use at this location during the entire interval between test periods, and during that period this assembly was not bypassed, made inoperative or removed. I further certify that I have authority and responsibility to ensure the above.

Owner/Officer (Printed): \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_