



Annual Test & Maintenance Report for Backflow Prevention Assemblies

License# _____

CLERMONT COUNTY GENERAL HEALTH DISTRICT _____

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Facility Name: _____		Facility Address: _____	
Assembly Information	Model: _____	Make: _____	Serial Number: _____
	Size: _____	Type: _____	Location: _____

Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	1st Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date _____	2nd Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	___psid		
Relief Valve opening Point		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	___psid		
2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	___psig		
Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	___psig		

Repairs & Materials Used	_____
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Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	1st Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date _____	2nd Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

1st Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	___psid		
Relief Valve opening Point		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	___psid		
2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Air Inlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	___psig		
Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	___psig		

Tester Certification: *I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed): _____ Signature: _____

Company Name: _____ Ohio Cert. No: _____ Date: _____

Facility Certification: *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 bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.*

Owner/Officer (Printed) _____ Signature: _____

Title: _____ Date: _____