BACKFLOW PREVENTION ASSEMBLY TEST REPORT

The City Of Medina Ohio
Preserving the Past. Forging the Future.

Please return report to:
Backflow Coordinator
P.O. Box 703
Medina, OH 44258

BACKFLOW TEST DATE: _____ **COMMERCIAL** **RESIDENTIAL**

NAME OF PREMISE: _____

SERVICE ADDRESS: _____ **CITY** _____ **ZIP:** _____

CONTACT PERSON: _____ **LOCATION OF ASSEMBLY:** _____

DOMESTIC ☐ **FIRE LINE** ☐ **FIRE LINE BYPASS** ☐ **LAWN SPRINKLER** ☐ **OTHER:** _____

DCVA ☐ **RPBA** ☐ **PVBA** ☐ **DCDA** ☐ **OTHER:** _____

NEW INSTALLATION ☐ **EXISTING** ☐ **REPLACEMENT** ☐ **OLD ASSEMBLY SERIAL NUMBER:** _____

MAKE OF ASSEMBLY: _____ **MODEL:** _____ **SERIAL NO.:** _____ **SIZE:** _____

INITIAL TEST	**DCVA/RPBA CHECK VALVE NO.1**	**DCVA/RPBA CHECK VALVE NO.2**	**RPBA**	**PVBA**
PASSED ☐ **FAILED** ☐	OUTLET VALVE PASS ☐ FAIL ☐ LEAKED CLOSED TIGHT ☐ _____PSID	LEAKED CLOSED TIGHT ☐ _____PSID	OUTLET VALVE PASS ☐ FAIL ☐ OPENED AT_____PSID #1 CHECK _____PSID AIR GAP OK? _____	AIR INLET OPENED AT_____PSID DID NOT OPEN
REPAIRS	CLEAN REPLACE PART	CLEAN REPLACE PART	CLEAN REPLACE PART	CHECK VALVE HELD AT _____PSID LEAKED CLEANED _____ REPAIRED
TEST AFTER REPAIRS PASSED ☐ FAILED ☐	CLOSED TIGHT ☐ _____PSID	CLOSED TIGHT ☐ _____PSID	OPENED AT _____PSID #1 CHECK_____PSID	AIR INLET _____PSID CHK VALVE _____PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No ☐

REMARKS: _____

_____ LINE PRESSURE _____

TESTER'S SIGNATURE _____ **CERT. NO.** _____ **EXP. DATE** _____

TESTER'S NAME PRINTED _____ **COMPANY NAME:** _____

PHONE NUMBER: (_____)_____ **FAX NUMBER:** (_____)_____

GAGE CALIBRATION DATE _____/_____/_____ **WATER SERVICE RESTORED** **YES** ☐ **NO** ☐