



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

It is the responsibility of the property owner or residing tenant to submit a copy of this report to the City of Medina and to retain a copy for their records.

Please return report to:

Backflow Coordinator

P.O. Box 703

Medina, OH 44258

E-mail rmetheney@medinaoh.org

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 <input type="checkbox"/> FAILED <input type="checkbox"/>	OUTLET VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OUTLET VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/> OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ 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 ☐