



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return report to:

Backflow Coordinator  
P.O. Box 703  
Medina, OH 44258

E-mail [rmetheney@medinaoh.org](mailto: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	<u>DCVA/RPBA CHECK VALVE NO.1</u>	<u>DCVA/RPBA CHECK VALVE NO.2</u>	<u>RPBA</u>	<u>PVBA</u>
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 <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/>	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"/>	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