



**Annual Test & Maintenance Report for
Backflow Prevention Assemblies**

11 East State St
Trenton, OH 45067
513.988.6304
www.cityoftrenton.com

Facility Name _____ **Address** _____

Assembly Information

Date _____

| | | |
|-----------------|--------------------|--------------------------------|
| Make: _____ | Containment___ | Isolation___ |
| Model: _____ | Meter Pit _____ | Basement _____ Floor # _____ |
| Size: _____ | Utility Room _____ | Boiler Room _____ Room # _____ |
| Serial #: _____ | Other _____ | Protection Provided _____ |

| <u>Double Check Assembly</u> | | | | <u>Reduced Pressure Assembly</u> | | | <u>Pressure Vacuum Breaker</u> | | |
|------------------------------|-----------------|--------------------|--------------------|----------------------------------|---------|--------------------|--------------------------------|---------|--------------------|
| Initial Test | Outlet Valve | Pass___ Fail___ | Pass___ Fail___ | 1st Check Valve | ___psid | Pass___ Fail___ | Air Inlet Valve | ___psig | Pass___ Fail___ |
| | 1st Check Valve | ___psid | Pass___ Fail___ | Relief Valve Open | ___psid | Pass___ Fail___ | Check Valve | ___psig | Pass___ Fail___ |
| Date _____ | 2nd Check Valve | ___psid | Pass___ Fail___ | 2nd Check Valve | | Pass___ Fail___ | | | |
| | | | | Outlet Valve | | Pass___ Fail___ | | | |

| | | | |
|--------------------------------|--|--|--|
| Repairs & Materials | | | |
|--------------------------------|--|--|--|

| <u>Double Check Assembly</u> | | | | <u>Reduced Pressure Assembly</u> | | | <u>Pressure Vacuum Breaker</u> | | |
|------------------------------|-----------------|--------------------|--------------------|----------------------------------|---------|--------------------|--------------------------------|---------|--------------------|
| Re- Test | Outlet Valve | Pass___ Fail___ | Pass___ Fail___ | 1st Check Valve | ___psid | Pass___ Fail___ | Air Inlet Valve | ___psig | Pass___ Fail___ |
| | 1st Check Valve | ___psid | Pass___ Fail___ | Relief Valve Open | ___psid | Pass___ Fail___ | Check Valve | ___psig | Pass___ Fail___ |
| Date _____ | 2nd Check Valve | ___psid | Pass___ Fail___ | 2nd Check Valve | | Pass___ Fail___ | | | |
| | | | | Outlet Valve | | Pass___ Fail___ | | | |

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| Comments: |
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|------------------------------------|--|
| Tester Certification: | I hereby certify that the above data is correct and the backflow prevention device is in proper working condition. |
| Tester Name (Printed) _____ | Signature _____ |
| Company Name _____ | OH Cert. # _____ Date _____ Phone _____ |

| | |
|---|--|
| Owner/ Manager | I hereby certify that the above backflow protection device has been in constant use at this location during the entire prescribed interval between test periods. During this period it was no bypassed, made inoperative, or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above. |
| Facility Manager (Printed) _____ | Signature _____ |
| Title _____ | Date _____ Phone _____ |

Return Original To: City of Trenton
11 E. State St.
Trenton, OH 45067
Backflow@CityofTrenton.com

Form Updated 6/2/2020
U: BACKFLOW TESTING