

CITY OF PAINESVILLE WATER DEPARTMENT BACKFLOW REPORT

P. O. BOX 601, PAINESVILLE, OHIO 44077

Facility Name: _____ Address: _____
 Contact Person: _____ Phone No. _____

Assembly Information

Installation Information

Make: _____
 Model: _____
 Size: _____
 Serial Number: _____

Containment		Isolation
Meter Pit	Basement	Floor Number: _____
Penthouse	Boiler Room	Room Number: _____
Mechanical Room	Protection Provided: _____	

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1 st Check Valve	_____psid	Pass Fail
Date	2 nd Check Valve	_____psid	Pass Fail

Reduced Pressure Assembly

1 st Check Valve	_____psid	Pass Fail
Relief Valve Opening Point	_____psid	Pass Fail
2 nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	_____psig	Pass Fail
Check Valve	_____psig	Pass Fail

Repairs & Materials Used

Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass Fail
	1 st Check Valve	_____psid	Pass Fail
Date	2 nd Check Valve	_____psid	Pass Fail

Reduced Pressure Assembly

1 st Check Valve	_____psid	Pass Fail
Relief Valve Opening Point	_____psid	Pass Fail
2 nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	_____psig	Pass Fail
Check Valve	_____psig	Pass Fail

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) _____ Signature _____ Phone No. _____
 Company Name _____ Cert. No. _____ Contractor 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 _____ Phone No. _____
 Title: _____ Date: _____

Copy to: City of Painesville Water Department
 7 Richmond St., P. O. Box 601
 Painesville, Ohio 44077

For Complications With:
 Devices, Water or Sprinklers
 Contact the Water Dept. at 440-392-2975