

**CITY OF PAINESVILLE WATER DEPARTMENT BACKFLOW REPORT**  
**P.O. BOX 601, 7 RICHMOND STREET, 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 No:
Penthouse ( )	Boiler Room ( ) Room Number:
Mechanical Room ( )	Protection Provided _____

Initial Test	Double Check Assembly		Reduced Pressure Assembly			Pressure Vacuum Br	
	Outlet Valve	Pass ( ) Fail ( )	1st Check Valve	_____psid	Pass ( ) Fail ( )	Air Inlet Valve	_____psig
1st Check Valve	Pass ( ) Fail ( )	Relief Valve	_____psid	Pass ( ) Fail ( )	Check Valve	_____psig	
2nd Check Valve	Pass ( ) Fail ( )	2nd Check Valve	_____psid	Pass ( ) Fail ( )			
		Outlet Valve		Fail ( )			

Repairs & Materials Used			
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Re-Test After Repairs Date	Double Check Assembly		Reduced Pressure Assembly			Pressure Vacuum Br	
	Outlet Valve	Pass ( ) Fail ( )	1st Check Valve	_____psid	Pass ( ) Fail ( )	Air Inlet Valve	_____psig
1st Check Valve	Pass ( ) Fail ( )	Relief Valve	_____psid	Pass ( ) Fail ( )	Check Valve	_____psig	
2nd Check Valve	Pass ( ) Fail ( )	2nd Check Valve	_____psid	Pass ( ) Fail ( )			
		Outlet Valve		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 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: \_\_\_\_\_

Return Copy to: City of Painesville Water Department  
 7 Richmond St, P.O. Box 601  
 Painesville, Ohio 44077-0601  
 Attn: Bruce Hook

For Complications With:  
 Devices, Water or Sprinklers  
 Contact the Water Department 440-392-2975