



VILLAGE OF BALTIMORE

Return originals to 103 W. Market St.

Annual Test & Maintenance Report for Backflow Prevention

Phone: 740-862-4491

Fax: 740-862-4368

Facility Name _____ Contact Person _____

Address _____ Phone _____

Assembly Information

Make _____

Model _____

Size _____

Serial Number _____

Installation Information

Containment		Isolation	
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Meter Pit Basement Floor Number _____

Penthouse Boiler Room Room Number _____

Mechanical Room Protection Provided _____

Double Check Assembly

Initial Test	Outlet valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/>
Date			Fail <input type="checkbox"/>
	2nd Check Valve	_____psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	_____psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	_____psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	_____psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

Repairs & Materials Used	
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Double Check Assembly

Re-Test After Repairs	Outlet valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/>
Date			Fail <input type="checkbox"/>
	2nd Check Valve	_____psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	_____psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	_____psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	_____psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

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 _____

Company Name _____ OH 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) _____ Title _____

Signature _____ Date _____ Phone _____