

City of Circleville



RETURN ORIGINALS TO

108 E Franklin St
Circleville, Oh 43113
(740) 302-0080

Fax: (740) 477-8283

Backflow@Circlevilleoh.gov



Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____ Address: _____

Contact Person: _____ Phone No: _____

Assembly Information

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

Installation Information

Containment Isolation
Basement Boiler Room Floor Number: _____
Mechanical Room Room Number: _____
New Assembly Existing Assembly Replacement Assembly
Serial # Removed: _____

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
Repair Material Used									
Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve Outlet Valve		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: _____ OH Cert. No: _____

Company Name: _____ Phone No: _____ Date: _____

Test Equipment: Make: _____ Model: _____ SN# _____ Cal. 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: _____ Date: _____

Title: _____ Phone No: _____