

Zanesville-Muskingum County Health Department

Backflow Prevention Program

Please Type
or Print Clearly

Annual Test and Maintenance Report for Backflow Prevention Assemblies

Owner: _____ Phone: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Building Name: _____ Phone: () _____
 Address: _____ City: _____ State: _____ Zip: _____

BACKFLOW PREVENTION ASSEMBLY INFORMATION				INSTALLATION INFORMATION	
A.S.S.E. #: _____ Size: _____			<input type="checkbox"/> Water Service Containment <input type="checkbox"/> Fire Line <input type="checkbox"/> Lawn Sprinkler <input type="checkbox"/> Protecting: _____		
Manuf.: _____ Model: _____ Serial #: _____			Location: <input type="checkbox"/> Basement <input type="checkbox"/> Mech Room <input type="checkbox"/> Floor Number		
# Assemblies at this Location: _____			Accessibility: _____		
New Device: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Installed: _____			Water Dept.: _____		
LINE PRESSURE PSI	1st Shut Off C <input type="checkbox"/> L <input type="checkbox"/>		2nd Shut Off C <input type="checkbox"/> L <input type="checkbox"/>		Pressure Vacuum Breaker and Spill - Proof Vacuum Breaker
	Reduced Pressure Principle Assembly				
	Double Check Valve Assembly				
INITIAL TEST	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
REPAIR DETAILS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>
FINAL TEST	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Air Inlet	Check Valves
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID	Held at _____ PSID
Pass <input type="checkbox"/> Fail <input type="checkbox"/> Comments: _____ 					

Certification - Tester: I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.

Tester: (Signature) _____ Ohio Certification #: _____ Expires: _____

Tester: (Print) _____ Test Date: _____

Company Name: _____ Phone: () _____

Certification - Facility: I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during test of assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to ensure the above.

Owner/Officer: (Print) _____ Title: _____ Phone: () _____

Return: White copy along with the appropriate fee. \$ _____

To: Zanesville-Muskingum County Health Department - 205 N. Seventh St. • Zanesville, Ohio 43701