## Zanesville—Muskingum County Health Department  Backflow Prevention Program

**Annual Test & Maintenance Report for Backflow Prevention Assemblies**

### Facility Information
- **Facility Name:** 
- **Address:** 
- **Contact Name:** 
- **Phone:**

### Assembly Information
- **Make:** 
- **Model:** 
- **Size:** 
- **Serial No.:**

### Installation Information
- **Containment:**
- **Isolation:**
- **Meter Pit:**
- **Penthouse:**
- **Mechanical Room:**
- **Basement:**
- **Floor Number:**
- **Protection Provided:**

### Testing Results

<table>
<thead>
<tr>
<th>Double Check Assembly</th>
<th>Reduced Pressure</th>
<th>Assembly Pressure</th>
<th>Assembly Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Test</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outlet Valve</td>
<td>Pass __</td>
<td>Fail _</td>
<td></td>
</tr>
<tr>
<td>1st Check</td>
<td>Pass __</td>
<td>Fail _</td>
<td></td>
</tr>
<tr>
<td>Model __</td>
<td>Pressure __</td>
<td>psig</td>
<td>Fail __</td>
</tr>
<tr>
<td>Date __</td>
<td>2nd Check</td>
<td>Pass __</td>
<td>Fail _</td>
</tr>
<tr>
<td>Model __</td>
<td>Pressure __</td>
<td>psig</td>
<td>Fail __</td>
</tr>
</tbody>
</table>

### Repairs & Materials Used

**Double Check Assembly**
- Pressure
- Vacuum
- Breaker

<table>
<thead>
<tr>
<th>Pressure</th>
<th>Vacuum</th>
<th>Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Inlet Valve</td>
<td>Pass __</td>
<td>__psig Fail</td>
</tr>
<tr>
<td>Check Valve</td>
<td>Pass __</td>
<td>__psig Fail</td>
</tr>
<tr>
<td>Outlet Valve</td>
<td>Pass __</td>
<td>Fail _</td>
</tr>
</tbody>
</table>

### Comments:

**TESTER CERTIFICATION:**

I hereby certify that the above is correct and that the backflow prevention device is in proper working condition.

**Tester Name (Printed):**

**Signature:**

**Company Name:**

**Ohio Cert. No.:**

**Contractor No.:**

**Date:**

I hereby certify that the 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 imperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

**Owner/Officer (Printed):**

**Signature:**

**Title:**

**Date:**

*Tester must enter results online and pay the fee of $25 on the Tokay website. New devices on a permit may be submitted to our office.*

To: Zanesville—Muskingum County Health Department 205 N. 7th Street Zanesville OH 43701