

Zanesville—Muskingum County Health Department Backflow Prevention Program

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____

Address: _____ Contact Name: _____ Phone: _____

Assembly Information

Installation Information

Make: _____

Containment _____ Isolation _____

Model: _____

Meter Pit _____

Basement _____

Floor Number _____

Size: _____

Penthouse _____

Boiler Room _____

Room Number _____

Serial No.: _____

Mechanical Room _____

Protection Provided _____

Double	Check	Assembly	
Initial	Outlet		Pass __
Test	Valve		Fail __
	1st		Pass __
	Check	__psid	Fail __
Date	2nd		Pass __
_____	Check	__psid	Fail __

Reduced	Pressure	Assembly
1st		Pass __
Check Valve	__psid	Fail __
Relief Valve		Pass __
Opening		Fail __
Point	__psid	
2nd		Pass __
Check Valve		Fail __
Outlet Valve	Pass __	Fail __

Pressure	Vacuum	Breaker
Air Inlet Valve		Pass __
	__psig	Fail __
Check Valve		Pass __
	__psig	Fail __

Repairs & Materials Used

Double	Check	Assembly	
Initial	Outlet		Pass __
Test	Valve		Fail __
	1st		Pass __
	Check	__psid	Fail __
Date	2nd		Pass __
_____	Check	__psid	Fail __

Reduced	Pressure	Assembly
1st		Pass __
Check Valve	__psid	Fail __
Relief Valve		Pass __
Opening		Fail __
Point	__psid	
2nd		Pass __
Check Valve		Fail __
Outlet Valve	Pass __	Fail __

Pressure	Vacuum	Breaker
Air Inlet Valve		Pass __
	__psig	Fail __
Check Valve		Pass __
	__psig	Fail __

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 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