

CITY OF OREGON
Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____

Complete Address: _____

Contact Person: _____

Assembly Information

Make: _____

Model: _____

Size: _____

Serial Number: _____

Installation

Containment Isolation

Meter Pit Basement Floor Number: _____

Penthouse Boiler Room Room Number: _____

Mechanical Room Protection Provided: _____

Information

Double Check Assembly

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

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"/>
#2 Shutoff Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

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 hereby certify that the above data is correct and that the backflow prevention device is in proper working condition at the time of testing.*

Tester Name (Printed) _____ Signature _____

Company Name _____ Ohio 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) _____ Signature _____

Title: _____ Date: _____