

NORTHWESTERN WATER & SEWER DISTRICT
Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Assembly Information

Make: _____

Model: _____

Size: _____

Serial Number: _____

Installation Information

Containment **Isolation**

Meter Pit Basement Floor Number: _____

Penthouse Boiler Room Room Number: _____

Mechanical Room Protection Provided: _____

Annual Replacement New

Double Check Assembly

Initial Test Date:	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	2nd Check Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

Initial Test Date:	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"/>
	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Initial Test Date:	Air Intake 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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Repairs & Materials Used	
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Double Check Assembly

Re-test After Repairs Date:	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	2nd Check Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

Re-test After Repairs Date:	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"/>
	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Re-test Date:	Air Intake Valve	_____ psig	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	Check Valve	_____ psig	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Comments:

TESTER CERTIFICATION: I certify that the above data is correct and that the backflow prevention assembly is in the proper working condition.

Tester Name: _____
 (Printed)
 Company Name: _____

Signature: _____ Phone: _____
 OH Cert No. _____ Contractor No. _____ Date: _____

FACILITY CERTIFICATION: I hereby certify that the above backflow prevention assembly has been in constant use at this location 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)
 Title: _____

Signature: _____ Phone: _____
 Date: _____

RETURN ORIGINAL TO: Northwestern Water & Sewer District, PO Box 348, Bowling Green, OH 43402
 Phone: 419-354-9090 or toll free: 1-877-354-9090 Fax: 419-353-4803 Email: efreeman@nwwsd.org