VOID

VOID

Village of Wellington

Annual Test & Maintenance Report for Backflow Prevention Assemblies

INFORMATION ONLY

Facility Name: _____

Address: _____

Assembly Information **Installation Information**

Make: _____ **Containment** ☐ **Isolation** ☐

Model: _____ Meter Pit ☐ Basement ☐ Floor Number: _____

Size: _____ Penthouse ☐ Boiler Room ☐ Room Number: _____

Serial Number: _____ Mechanical Room ☐ Protection Provided: _____

Double Check Assembly			
Initial Test	Outlet Valve		Pass ☐ Fail ☐
	1st Check Valve	___psid	Pass ☐ Fail ☐
Date	2nd Check Valve	___psid	Pass ☐ Fail ☐

Reduced Pressure Assembly		
1st Check Valve	____ psid	Pass ☐ Fail ☐
Relief Valve Opening Point	____ psid	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

Pressure Vacuum Breaker		
Air Inlet Valve	___ psig	Pass ☐ Fail ☐
Check Valve	___ psig	Pass ☐ Fail ☐

Repairs & Materials Used		

Double Check Assembly			
Re-Test After Repairs	Outlet Valve		Pass ☐ Fail ☐
	1st Check Valve	___psid	Pass ☐ Fail ☐
Date	2nd Check Valve	___psid	Pass ☐ Fail ☐

Reduced Pressure Assembly		
1st Check Valve	____ psid	Pass ☐ Fail ☐
Relief Valve Opening Point	____ psid	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

Pressure Vacuum Breaker		
Air Inlet Valve	___ psig	Pass ☐ Fail ☐
Check Valve	___ psig	Pass ☐ Fail ☐

Comments:

TESTER CERTIFICATION: *I certify that the above data is correct and the backflow prevention assembly has passed the test.*

Tester Name (Printed):_____ **Signature:** _____

☐ **OTCO Certified Tester #:**

☐ **Department of Commerce Certified Tester #:** _____

Company Name _____ **Ohio Certificate #:** _____ **Contractor #:** _____ **Date:** _____

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: _____

Updated 6/30/2023