

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

Facility Name _____
 Contact Person _____

Address _____
 Phone No. _____

Assembly Information

Make: _____
 Model: _____
 Size: _____
 Serial Number _____

Installation Information

Containment <input type="checkbox"/>		Isolation <input type="checkbox"/>	
Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/>	Floor Number: _____	
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>	Room Number: _____	
Mechanical Room <input type="checkbox"/>	Protection Provided: _____		

Double Check Assembly

Reduced Pressure Assembly

Pressure Vacuum Breaker

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	___ 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"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

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

Reduced Pressure Assembly

Pressure Vacuum Breaker

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	___ 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"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Air Intake Valve	___ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	___ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

TESTER CERTIFICATION:

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

Tester Name (Printed) _____ Signature _____ Phone No. _____
 Company Name _____ OH Cert No. _____ Contractor No. _____ Date _____

FACILITY CERTIFICATION:

I hereby certify that the above backflow prevention device 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) _____ Signature _____ Phone No. _____
 Title _____ Date _____

RETURN ORIGINAL TO:

Northwestern Water and Sewer District, P.O. Box 348, Bowling Green, OH 43402
 phone: 419-354-9090 or toll free: 1-877-354-9090 fax: 419-354-9344 e-mail: district@nwwsd.org