

**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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**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: 419-354-9344 Email: efreeman@nwwsd.org