

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	_____ psid	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"/>

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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Repairs & Materials Used	_____
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Double Check Assembly

Re-test After Repairs Date:	Outlet Valve	_____ psid	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"/>

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 After Repairs Date:	Air Intake Valve	_____ psig	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	Check Valve	_____ psig	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

***** PLEASE PROVIDE THE GENERAL LOCATION OF THE DEVICE IN THIS SPACE *****

TESTER CERTIFICATION: I certify that the above data is correct and that the backflow prevention assembly is in the proper working condition. Do not return without completing all the information below or the test will be recognized

* MEANS REQUIRED INFORMATION

*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.

* MEANS REQUIRED INFORMATION

*Owner/Officer: _____
 (Printed)
 *Title: _____

*Signature: _____ *Phone: _____
 *Date: _____

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