

# Mt. Gilead Backflow Prevention Assembly Tests Results

**\*FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED\***

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ Mt. Gilead, Ohio 43338

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Assembly Information**

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_  
 Installed: \_\_\_\_\_

**Installation Information**

<b>Containment:</b> <input checked="" type="checkbox"/>	Isolation: _____	
<b>Line Pressure:</b>		
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			
<b>Initial Test</b>	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
<b>Date:</b>	2nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly		
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		
Air Inlet Valve	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

**Repairs & Materials Used**

Double Check Assembly			
<b>Re-Test After Repairs</b>	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
<b>Date:</b>	2nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly		
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		
Air Inlet 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 device is in working condition.

Tester's Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

OTCO Certified Tester Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ OTCO Certified Tester Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department of Commerce Certified Tester

Company Name: \_\_\_\_\_ Ohio Certificate#: \_\_\_\_\_ Contractor # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Facility Certification:** 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.

**Must be signed by someone at address verifying test was completed.**

Owner/Officer (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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