

Mt. Gilead Backflow Prevention Assembly Tests Results

FF0000*FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED*000000

Facility Name: _____ Address: _____ Mt. Gilead, Ohio 43338

Contact Person: _____ Contact Phone Number: _____

Assembly Information

Make: _____
 Model: _____
 Size: _____
 Serial No.: _____
 Installed: _____

Installation Information

Containment: <input checked="" type="checkbox"/>	Isolation: _____	
Line Pressure:		
New Install <input type="checkbox"/>	Basement <input type="checkbox"/>	Floor Number : _____
Existing <input type="checkbox"/>	Boiler Room <input type="checkbox"/>	Room Number: _____
Replacment <input type="checkbox"/>	Protection Provided: _____	

Describe location of assembly: _____

Double Check Assembly			
Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date:	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			
Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date:	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"/>
Air Gap Inspection: Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Assembly PASSED (____) FAILED (____) ***ALL REPAIRS MUST BE COMPLETED WITH TEN (10) DAYS**

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: ____/____/____

Department of Commerce Certified Tester ODOC Certified Tester Exp. Date ____/____/____

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: _____

Mt. Gilead Backflow Prevention Assembly Tests Results

FF0000*FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED*000000

Mt. Gilead Backflow Prevention Assembly Tests Results

FF0000*FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED*000000



Mt. Gilead Backflow Prevention Assembly Tests Results

FF0000*FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED*000000