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

Containment: X Isolation: _____
Line Pressure: _____

New Install ☐ Basement ☐ Floor Number : _____
Existing ☐ Boiler Room ☐ Room Number: _____
Replacment ☐ Protection Provided: _____

Describe location of assembly: _____

Double Check Assembly			
Initial Test	Outlet Valve		Pass ☐ Fail ☐
	1st Check Valve	____psid	Pass ☐ Fail ☐
Date:	2nd Check Valve	____psid	Pass ☐ Fail ☐

Reduced Pressure Assembly		
1st Check Valve	____psid	Pass ☐ Fail ☐
Relief Valve Opening Point	____psid	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

Pressure Vacuum Breaker		
Air Inlet Valve	____psig	Pass ☐ Fail ☐
Check Valve	____psig	Pass ☐ Fail ☐

Repairs & Materials Used			

Double Check Assembly			
Re-Test After Repairs	Outlet Valve		Pass ☐ Fail ☐
	1st Check Valve	____psid	Pass ☐ Fail ☐
Date:	2nd Check Valve	____psid	Pass ☐ Fail ☐

Reduced Pressure Assembly		
1st Check Valve	____psid	Pass ☐ Fail ☐
Relief Valve Opening Point	____psid	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

Pressure Vacuum Breaker		
Air Inlet Valve	____psig	Pass ☐ Fail ☐
Check Valve	____psig	Pass ☐ Fail ☐
Air Gap Inspection: Required Air Gap Seperation Provided? **Yes** ☐ **No** ☐		

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 Certiied 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 devicewas not bypassed, made inoperative or removed without proper authorization. I futher certify that I have the authority and responsibiluty to ensure the above.
Must be signed by someone at address verfying test was completed.

Owner/Officer (Printed):_____ Signature:_____

Title:_____ Date:_____