City of Vermilion Ohio

A Small Town on a Great Lake
www.cityofvermilionohio.gov

Annual Test & Maintenance Report For Backflow Prevention Assemblies

Must Be Completed in Ink

Facility Name: _____ **Address:** _____

Contact Person: _____ **Phone No.** _____

Assembly Information

Containment ☐ **Isolation** ☐

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

Meter Pit ☐ **Basement** ☐ **Floor No.** _____
Penthouse ☐ **Boiler Room** ☐ **Room No.** _____
Mechanical Room ☐ **Protection Provided:** _____

☐ **Double Check Valve Assembly** ☐ **Reduced Pressure Assembly** ☐ **Pressure Vacuum Breaker**

Initial Test	**Outer Valve**		**Pass** ☐ **Fail** ☐	**1st Check Valve**	_____ psid	**Pass** ☐ **Fail** ☐	**Air Inlet Valve**	_____ psid	**Pass** ☐ **Fail** ☐
	1st Check Valve	_____ psid	**Pass** ☐ **Fail** ☐	**Relief Valve Opening Point**	_____ psid	**Pass** ☐ **Fail** ☐	**Check Valve**		**Pass** ☐ **Fail** ☐
Date:	**2nd Check Valve**	_____ psid	**Pass** ☐ **Fail** ☐	**2nd Check Valve**		**Pass** ☐ **Fail** ☐			
				Outlet Valve	**Pass** ☐	**Fail** ☐			
Repairs & Materials Used									

Double Check Valve Assembly **Reduced Pressure Assembly** **Pressure Vacuum Breaker**

Re-Test After Repairs	**Outer Valve**		**Pass** ☐ **Fail** ☐	**1st Check Valve**		**Pass** ☐ **Fail** ☐	**Air Inlet Valve**		**Pass** ☐ **Fail** ☐
	1st Check Valve	_____ psid	**Pass** ☐ **Fail** ☐	**Relief Valve Opening Point**		**Pass** ☐ **Fail** ☐	**Check Valve**	_____ psid	**Pass** ☐ **Fail** ☐
Date:	**2nd Check Valve**	_____ psid	**Pass** ☐ **Fail** ☐	**2nd Check Valve**		**Pass** ☐ **Fail** ☐			
				Outlet Valve	**Pass** ☐	**Fail** ☐			

☐ **OTCO Certified Tester #:** _____
(If applicable)

TESTER CERTIFICATION:

I certify that the above data is correct and that the backflow prevention device is in proper working condition.

☐ **Department of Commerce Certified Tester**
Expiration Date: _____

Tester Name (Printed) _____ **Signature** _____ **Phone No.** _____
Company Name _____ **OH Cert. No.** _____ **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.

Owner/Officer (Printed) Title _____ **Signature** _____ **Phone No.** _____
Date _____

Return Original To:
VERMILION BACKFLOW
5511 LIBERTY AVE.
VERMILION, OH 44089

Cfarley@cityofvermilionohio.gov
Phone: 440-204-2420

All applicable fields must be filled out completely in order for test results to be accepted