

Village of Whitehouse
6925 Providence St, PO Box 2476
Whitehouse, OH 43571

Annual Test & Maintenance Report for Backflow Prevention Assemblies

***Backflow devices are required to be tested at installation and at a minimum of every 12 months thereafter. Test results shall be returned to the Village of Whitehouse.**

Facility Name: _____

Address: _____

Contact Person: _____

Phone No.: _____

Assembly Information

Make _____

Model _____

Size _____

Serial _____

Number _____

Installation Information

Containment Isolation

Meter Pit Basement Floor Number _____

Penthouse Boiler Room Room Number _____

Mechanical Protection _____

Room Provided _____

Double Check Valve Assembly Reduced Pressure Assembly Pressure Vacuum Breaker

Initial Test	Outer Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	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"/>	Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date _____	2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>				
					Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>					

Repairs & Materials Used			
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Double Check Valve Assembly Reduced Pressure Assembly Pressure Vacuum Breaker

Re-Test After Repairs	Outer Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	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"/>	Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date _____	2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	2nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>				
					Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>					

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

Tester Name (print) _____ Signature _____ Phone No. _____

Company Name _____ OH Cert No. _____ Contractor No. _____

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 (print) _____ Signature _____ Phone No. _____

Title _____ Date _____

Submit a Copy To: Village of Whitehouse
(Retain the original for your records) PO Box 2476
Whitehouse, OH 43571

Email: jgundy@whitehouseoh.gov
Phone: (419) 877-5383
Fax: (419) 877-5635

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