



City of Vermilion Ohio

A Small Town on a Great Lake
www.Vermilion.net

Annual Test & Maintenance Report For Backflow Prevention Assemblies

Must Be Completed in Ink

Facility Name: _____ Address: _____

Contact Person: _____ Phone No. _____

<u>Assembly Information</u>		Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>
Make: _____	Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/>	Floor No. _____
Model: _____	Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>	Room No. _____
Size: _____	Mechanical Room <input type="checkbox"/>	Protection Provided: _____	
Serial No.: _____			

Double Check Valve Assembly Reduced Pressure Assembly Pressure Vacuum Breaker

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

Repairs & Materials Used			
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Re-Test After Repairs	Outer Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
Date:				Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>			

OTCO Certified Tester #: _____
(If applicable)

Department of Commerce Certified Tester
Expiration Date: _____

TESTER CERTIFICATION:

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

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 _____ Signature _____ Phone No. _____
(Printed) Title _____ Date _____

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

LKopniske@cityofvermilionohio.gov
Phone: 440-204-2407
Fax: 440-204-2423

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