

ANNUAL TEST & MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

SEND COMPLETED FORM TO: HURON WATER DIVISION, 417 MAIN ST HURON, OH 44839

FACILITY/RESIDENT NAME		CITY		STREET #	STREET NAME
SUITE/UNIT #				STATE	ZIP
FACILITY/RESIDENT PHONE			FACILITY/RESIDENT CELL #		
FACILITY/RESIDENT 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 complete this form.			
CONTACT NAME		Print Name		Signature	
EMAIL				DATE	

INSTALLATION INFO - SELECT ALL AVAILABLE INFO

ASSEMBLY INFORMATION

<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> CONTAINMENT	<input type="checkbox"/> ISOLATION
Serial #	<input type="checkbox"/> DOMESTIC		<input type="checkbox"/> FIRE PROTECTION
Make	<input type="checkbox"/> IRRIGATION/NON-SEWER/SPRINKLER		<input type="checkbox"/> FIRE DETECTOR
Model	<input type="checkbox"/> Meter Pit	<input type="checkbox"/> Basement	Floor #
Size	<input type="checkbox"/> Penthouse	<input type="checkbox"/> Boiler Room	Room #
SYSTEM PRESSURE		<input type="checkbox"/> Mechanical Room	<input type="checkbox"/> Restroom
INLET		OUTLET	
Specific Device Location/Other Info:			

INITIAL TEST INFO

TEST DATE	TEST DATE	TEST DATE
DOUBLE CHECK ASSEMBLY	REDUCED PRESSURE ASSEMBLY	PRESSURE VACUUM BREAKER
Outlet Valve	1 st Check Valve	Air Inlet Valve
Pass <input type="checkbox"/>	psig	psig
Fail <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
1 st Check Valve	Relief Valve	Check Valve
psig	Opening Point	psig
Pass <input type="checkbox"/>	psig	psig
Fail <input type="checkbox"/>	2 nd Check Valve	Pass <input type="checkbox"/>
2 nd Check Valve	psig	Fail <input type="checkbox"/>
psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Fail <input type="checkbox"/>	Outlet Valve	Pass <input type="checkbox"/>
	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	Fail <input type="checkbox"/>	

RETEST INFO, if needed

DOUBLE CHECK ASSEMBLY	REDUCED PRESSURE ASSEMBLY	PRESSURE VACUUM BREAKER
Re-Test After Repairs	1 st Check Valve	Air Inlet Valve
Outlet Valve	psid	psig
Pass <input type="checkbox"/>	Relief Valve	Pass <input type="checkbox"/>
Fail <input type="checkbox"/>	Opening Point	Fail <input type="checkbox"/>
1 st Ck Valve	psid	psig
psid	2 nd Ck Valve	Pass <input type="checkbox"/>
Pass <input type="checkbox"/>	psid	Fail <input type="checkbox"/>
Fail <input type="checkbox"/>	Outlet Valve	Fail <input type="checkbox"/>
Retest Date	Pass <input type="checkbox"/>	
2 nd Ck Valve	Fail <input type="checkbox"/>	
psid		
Pass <input type="checkbox"/>		
Fail <input type="checkbox"/>		

This RETEST replaces device serial # _____
 Repairs/Materials Used: _____

TESTER CERTIFICATION INFO

I certify that the above data is correct and that the backflow prevention device is in proper working condition. If the device is marked "Failed", I understand it is my responsibility to immediately report the malfunction to the City of Huron Water Division. All completed reports may be sent via mail, fax, or email to the following:

Huron Water Division Fax: 419.433.4732 Email: jgibboney@cityofhuron.org
 417 Main St. Phone: 419.433.9502
 Huron, OH 44839

TESTER NAME (PRINTED) _____ SIGNATURE _____
 COMPANY _____ CONTACT PHONE _____
 OH DEPT. COMMERCE CERT # _____ EXPIRATION DATE _____