



# CITY OF AURORA

## WATER DEPARTMENT - BACKFLOW PREVENTION PROGRAM ANNUAL TEST AND MAINTENANCE REPORT

FACILITY NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

Backflow Prevention Assembly Information	
Make :	_____
Model :	_____
Size :	_____
Serial Number :	_____
Date Installed :	_____

<input type="checkbox"/> Basement	<input type="checkbox"/> First Floor	<input type="checkbox"/> Outside	<input type="checkbox"/> Vault
Location : _____			
Main Service Protection			
<input type="checkbox"/> Yes		<input type="checkbox"/> Other	

	<input type="checkbox"/> Double Check Assembly			<input type="checkbox"/> Reduced Pressure Assembly			<input type="checkbox"/> Pressure Vacuum Breaker		
	Initial Test Date:	Outlet Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig
1st Check Valve		_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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			
--------------------------	--	--	--

	<input type="checkbox"/> Double Check Assembly			<input type="checkbox"/> Reduced Pressure Assembly			<input type="checkbox"/> Pressure Vacuum Breaker		
	Re-Test After Repairs Date:	Outlet Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig
1st Check Valve		_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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"/>				

**Certification - Tester**

I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.

Tester (Signature) : \_\_\_\_\_

Test Date : \_\_\_\_\_

Tester (Print) : \_\_\_\_\_

Ohio Cert No. : \_\_\_\_\_

Company Name : \_\_\_\_\_

Phone : \_\_\_\_\_

**Certification - Facility**

I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not by-passed, made inoperative or removed without proper authorization.

All defects found during the operation period or during tests of assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Officer (Signature): \_\_\_\_\_

Title : \_\_\_\_\_

Owner/Officer (Print): \_\_\_\_\_

Date : \_\_\_\_\_

Return white copy to : City of Aurora, Water Department, 158 W Pioneer Tr, Aurora OH 44202-9103

Yellow Copy - Owner / Officer      Pink Copy - Certified Tester

Revised: February 2002, mmt