



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED**

RETURN TO:  
 Mail: City of Groveport, Water Dept  
 655 Blacklick Street  
 Groveport, OH 43125  
 Fax: 614-836-1953

***Customer and Property Information – Please Print***

PROPERTY ADDRESS: \_\_\_\_\_ Zip \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

***Device Information – Please Print***

NEW INSTALLATION  EXISTING  or REPLACEMENT  OLD ASSEMBLY SERIAL NUMBER: \_\_\_\_\_

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP    RP    DC    PVB    OTHER (SPECIFY) \_\_\_\_\_

MAKE OF ASSEMBLY: \_\_\_\_\_ MODEL: \_\_\_\_\_ SIZE: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_

What hazard is being isolated? (i.e. boiler, irrigation, complete building): \_\_\_\_\_

Describe location of assembly: \_\_\_\_\_

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker					
<b>Initial Test</b>	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	1 <sup>st</sup> 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	____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>					
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>						
<b>Repairs &amp; Materials Used</b>												
<b>Re-Test After Repairs</b>	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	1 <sup>st</sup> 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	____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION:</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>				
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>						

Does the assembly meet proper piping installation requirements?    YES     NO

Assembly PASSED(\_\_\_\_) FAILED(\_\_\_\_) \* NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS

COMMENTS: \_\_\_\_\_

***Certified Tester Information – Please Print***

**I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.**

Tester's Name (PRINTED): \_\_\_\_\_ Cert. #: \_\_\_\_\_

Test Equipment:    Make: \_\_\_\_\_ Model \_\_\_\_\_ SN# \_\_\_\_\_ Cal. Date \_\_\_\_\_

Tester's CO. Name: \_\_\_\_\_ PH#: \_\_\_\_\_

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_