

VILLAGE OF GEORGETOWN

TEST AND MAINTENANCE REPORT BACKFLOW PREVENTION DEVICE

Facility Name: _____ Phone Number: _____

Address: _____ Test Date: _____

BACKFLOW PREVENTION ASSEMBLY INFORMATION <input type="checkbox"/> JRP <input type="checkbox"/> JDC <input type="checkbox"/> JPVB <input type="checkbox"/> Other _____			
Make: _____	Model: _____	Size: _____	Serial Number: _____
TEST TYPE <input type="checkbox"/> Annual <input type="checkbox"/> Failure <input type="checkbox"/> New Install (Date) _____ <input type="checkbox"/> Replaces: Type: _____		<input type="checkbox"/> Rebuilt (Date) _____ Serial Number: _____	

INSTALLATION TYPE: <input type="checkbox"/> Containment <input type="checkbox"/> Isolation
SYSTEM TYPE: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Lawn Irrigation <input type="checkbox"/> Boiler <input type="checkbox"/> _____
LOCATION: <input type="checkbox"/> Basement <input type="checkbox"/> First Floor <input type="checkbox"/> Outside <input type="checkbox"/> Vault <input type="checkbox"/> Other (describe) _____

TEST RESULTS: Passed Failed

Line Pressure: _____ psi	Check Valve No. 1	Check Valve No. 2	Relief Valve
Test before repair	<input type="checkbox"/> Leaked _____ psid <input type="checkbox"/> Closed tight _____	<input type="checkbox"/> Leaked _____ psid <input type="checkbox"/> Closed tight _____	Opened at _____ psid
Describe repair materials used:			
Final Test	<input type="checkbox"/> Closed tight _____	<input type="checkbox"/> Closed tight _____	Opened at _____ psid

Certification - Tester I hereby certify that I have personally tested the above backflow prevention assembly, that the assembly is in proper operating condition, and that the above data is correct.

Tester (signature): _____ Ohio Cert. No.: _____

Tester (print): _____ Cert. Expires: _____

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 bypassed, made inoperative or removed without proper authorization. All defects found during the operation period of 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: _____

FORWARD ORIGINAL TEST REPORT TO: GEORGETOWN UTILITIES

301 S. MAIN ST., GEORGETOWN, OHIO 45121 (937) 378-6144