City of Avon

35030 Detroit Rd., Avon, Ohio 44011

440-937-5740

Backflow Prevention Assembly Test Report

REV. 5-19-2014

Resident Name or Facility: Email:

Service Address: City: Zip:

Phone: Fax:

Location of Assembly:

DCVA ☐ RPBA ☐ PVBA ☐ Other: Installation ☐ Existing ☐ Replacement ☐

Make of Assembly: Model: Serial No: Size:

Containment: Isolation: Protection Provided:

Line Pressure: PSI

	DOUBLE CHECK ASSEMBLY				REDUCED PRESSURE				PRESSURE VACUUM		
Initial Test	Outlet Valve		Pass Fail		1st Check Valve	_____PSID	Pass Fail		Air Inlet Valve	_____PSID	Pass Fail
	Ist Check Valve	_____PSID	Pass Fail		Relief Valve Opening Point	_____PSID	Pass Fail		Check Valve	_____PSID	Pass Fail
Date:	2nd Check Valve	_____PSID	Pass Fail		2nd Check Valve		Pass Fail				
					Outlet Valve		Pass Fail				
Repairs Materials Used											
Retest After Repair	Outlet Valve		Pass Fail		1st Check Valve	_____PSID	Pass Fail		Air Inlet Valve	_____PSID	Pass Fail
	Ist Check Valve	_____PSID	Pass Fail		Relief Valve Opening Point	_____PSID	Pass Fail		Check Valve	_____PSID	Pass Fail
Date:	2nd Check Valve	_____PSID	Pass Fail		2nd Check Valve		Pass Fail				
					Outlet Valve		Pass Fail				

AIR GAP INSPECTION: required minimum air gap separation provided? Yes ☐ No ☐

Tester

Tester's Signature: Tester's Name (Printed):

Company Name: Cert No. Tool Kit No.

Tester's Phone # Date of Test:

Facility Certification:	I hereby certify that the abover backflow prevention device has been in constant use at this location during the entire prescribed interval between test period and during that periond this device was not bypassed, made inoperative, or removed without proper authorization. I further certify that I have the authority to ensure the above.

Home / Business Owner (Printed): Signature:

Email:

Title: Phone No. Date:

Forward copy of test report to: City of Avon, Attn: Utilities Dept, 35030 Detroit Rd. Avon, Ohio 44011 440-937-5740