**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

**Failed, Illegible or Incomplete Reports Will Not Be Accepted**

Please return to:

**MAIL:** Village of Johnstown
Division of Water
P.O. Box 457
Johnstown, Ohio 43031

**FAX:** (740) 967-5971

*Customer and Property Information – Please Print*

**PROPERTY ADDRESS:**

**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:

<table>
<thead>
<tr>
<th>Initial Test</th>
<th>Double Check Assembly</th>
<th>Reduced Pressure Assembly</th>
<th>Pressure Vacuum Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outlet Valve</td>
<td>Pass ☐ Fail ☐</td>
<td>1st Check Valve _psid</td>
<td>Air Inlet Valve _psig</td>
</tr>
<tr>
<td>1st Check Valve</td>
<td>_psid</td>
<td>Pass ☐ Fail ☐</td>
<td>Relief Valve Opening Point _psid</td>
</tr>
<tr>
<td>2nd Check Valve</td>
<td>_psid</td>
<td>Pass ☐ Fail ☐</td>
<td>2nd Check Valve _psid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Re-Test After Repairs</th>
<th>Double Check Assembly</th>
<th>Reduced Pressure Assembly</th>
<th>Pressure Vacuum Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outlet Valve</td>
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</tbody>
</table>

Does the assembly meet proper piping installation requirements? **YES** ☐ **NO** ☐

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

**COMMENTS:**

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*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:**

**P# #:**

**Tester’s Signature:**

**Date:**