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## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Owner: \_\_\_\_\_ Commercial  Residential

Address of Device: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

New:  Existing:  Replacement:  Old Ser. # \_\_\_\_\_ Proper Installation: Yes  No

Make of Assembly: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Size: \_\_\_\_\_

	<u>DCVA/RPBA</u> <u>CHECK VALVE #1</u>	<u>DCVA/RPBA</u> <u>CHECK VALVE #2</u>	<u>RPBA</u>	<u>PVBA/SVBA AIR</u> <u>INLET</u>
Initial Test Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Held Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Held Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID #1 Check _____PSID Air Gap OK? _____	Opened at _____PSID Did Not Open <input type="checkbox"/>
New Parts and Repairs	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Check Valve Held at _____PSID Leaked <input type="checkbox"/> <hr/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>
Test After Repairs Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Held Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Held Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID #1 Check _____PSID	Air Inlet _____PSID Check Valve _____PSID

Remarks: \_\_\_\_\_

\_\_\_\_\_ Line Pressure: \_\_\_\_\_ PSI

Testers Signature: \_\_\_\_\_ Cert. #: \_\_\_\_\_ Date: \_\_\_\_\_

Testers Name Printed: \_\_\_\_\_ Testers Phone #: \_\_\_\_\_

Repaired By: \_\_\_\_\_ Date: \_\_\_\_\_

Final Test By: \_\_\_\_\_ Cert. #: \_\_\_\_\_ Date: \_\_\_\_\_