



**Annual Test & Maintenance Report for Backflow Prevention Assemblies**

*Failed reports need to be discussed with the property owner and device repaired or replaced.*

**Check here if this is a new install**  **Failed reports will not be accepted.**

**Service Address:**

**Device Location:**

ACCOUNT #: \_\_\_\_\_

Date of inspection: \_\_\_\_\_

**CUSTOMER:**

**ADDRESS:**

**CITY:**

Containment/Isolation:

Backflow ID: **BF**

Type of Device:

Manufacturer:

Model:

Serial #:

Size:

**Ways to file your completed inspections:**

Mail to or drop off at the City of Findlay Water Department at 136 N Blanchard St, Findlay OH 45840  
Or email [waterforms@findlayohio.gov](mailto:waterforms@findlayohio.gov)  
Call with questions - 419- 424 -7192

**Owner's Certification:** 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 by-passed, made inoperative or removed without proper authorization. I further certify that I have the responsibility and authority to ensure the above.

Owner/Officer (printed) \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Tel # \_\_\_\_\_ Date: \_\_\_\_\_

**TEST REPORT: \*\*TESTER SIGNATURE BELOW VERIFIES THAT TESTING DEVICE IS IN GOOD WORKING CONDITION AND CALIBRATED AT LEAST EVERY 2 YEARS.**

	Double Check Valve		Reduced Pressure Principle			Pressure Vacuum Breaker	
	CHECK VALVE #1	CHECK VALVE #2	CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	AIR INLET VALVE	CHECK VALVE
Initial Test	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid
Repairs & Material							
Test After Repair	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid

**COMMENTS: IS THERE A FLOOR DRAIN NEAR BY: CIRCLE: YES NO** (sump pump next to backflow device) **Disclaimer:** If there is a floor drain, it may not be adequately sized, or clear of any blockage to allow for proper drainage, to handle discharge of the backflow device(s). We have not inspected the drain for blockage, or if it is properly sized to handle the backflow discharge. We have not inspected the sump pump for proper operation.

**TESTER CERTIFICATION:** I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

BF Cert. # \_\_\_\_\_ Cert. Expire Date: \_\_\_\_\_ Tester Phone # \_\_\_\_\_

Employer Name: \_\_\_\_\_ Account # PL \_\_\_\_\_

**Please make sure to complete the tester certification area including the PL account number.**