



City of Lancaster Division of Water

740-687-6631

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(*All applicable fields must be filled out completely and legibly for test results to be accepted*)

Facility Name: _____ Address: _____
 Facility Contact Person: _____ Phone Number: _____
 Test / Install Date: _____ Existing: New: Replacement: Old Serial No. _____

Assembly Information

Installation Information

Make:	Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>
Model:	Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/> Floor #: _____
Size:	Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/> Room #: _____
Serial Number:	Mechanical Room <input type="checkbox"/>	Protection Provided: _____

Double Check Assembly

Reduced Pressure Assembly

Pressure Vacuum Breaker

Initial Test Date: _____	Outlet Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Initial Test Comments: _____		
Repair & Materials Used	_____			Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	_____			
Re-Test After Repairs Date: _____	Outlet Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Re-Test Comments: _____		
	_____			Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	_____			

Tester Certification: I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed): _____ Signature: _____ Phone No. _____
 OH Cert No. _____ Exp. Date: _____ Company Name: _____ Contractor No. _____

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

Facility Owner/Officer: _____ Signature: _____
 Title: _____ Date: _____ Phone No.: _____

Please submit all completed test forms to Brycer at www.thecomplianceengine.com