

BACKFLOW PREVENTION DEVICE TEST REPORT

200 S HAMILTON RD | GAHANNA, OH 43230 | 614-342-4005 P | 614-342-4100 F

SITE INFORMATION:

Facility Name: _____ Service Address: _____

Contact Person: _____ Phone: _____ Fax: _____ Email: _____

If the address that notifications should be mailed is different than the service address listed above, please fill in the information below (otherwise leave blank):

Mailing Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____

DEVICE INFORMATION:

Status	Type	Identification
New Installation <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Size: _____
Existing <input type="checkbox"/>	DC <input type="checkbox"/>	Make: _____
Removed <input type="checkbox"/>	PVB <input type="checkbox"/>	Model: _____
Replacement <input type="checkbox"/>	RP <input type="checkbox"/>	Serial No: _____
Old Serial # If Replacing Device: _____	SVB <input type="checkbox"/>	
	Other _____	

Hazard Being Contained (ie: domestic, fire line, irrigation, etc): _____

Description of Containment Device Location: _____

TEST RESULTS:

	PVB or SVB		DC		RP		
	Air Inlet	Check Valve	Check Valve #1	Check Valve #2	Check Valve #1	Check Valve #2	Relief Valve
Initial Test Pass: <input type="checkbox"/> Fail: <input type="checkbox"/>	Opened At: _____ psid	Held At: _____ psid	Opened At: _____ psid				
* all repairs must be completed within 10 days	Repair Details:		Repair Details:		Repair Details:		
Final Test Pass: <input type="checkbox"/> Fail: <input type="checkbox"/>	Opened At: _____ psid	Held At: _____ psid	Opened At: _____ psid				

Air Gap Inspection: Required air gap separation provided? Yes No

Does the assembly meet proper piping installation requirements? Yes No

Comments: _____

CERTIFIED TESTER INFORMATION:

I certify that all the information on this report is complete, true and accurate at the time of testing.

Tester Name (Printed): _____ Ohio DOC Certification #: _____

Company Name and Address: _____ Phone: _____

Tester Signature: _____ Test Date: _____

Failed, illegible or incomplete reports **will not be accepted.**

Provide a copy of the report to the property owner and the Department of Public Service via email at Jennifer.Hamilton@gahanna.gov or via fax or mail listed above.