



BACKFLOW PREVENTION DEVICE TEST REPORT

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 info below (otherwise leave blank):

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

DEVICE INFORMATION:

Status

New Installation

Existing

Removed

Replacement

Old Serial # If Replacing Device: _____

Type

Air Gap

DC

DCDA

PVB

RP

Other _____

Identification

Size: _____

Make: _____

Model: _____

Serial No: _____

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	Held At: _____ psid	Held At: _____ psid	Held 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	Held At: _____ psid	Held At: _____ psid	Held 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: _____ Phone: _____

Company Full Address: _____

Tester Signature: _____ Test Date: _____

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

Provide a copy of the report to both the property owner and the City (via email at jennifer.hamilton@gahanna.gov or via fax at 614-342-4100).