



David White, Code Enforcement Officer  
 City of Englewood  
 333 W. National Rd.  
 Englewood, Ohio 45322  
 (937) 836-5106 x217  
 Fax: (937) 836-7426

## 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	Held Tight <input type="checkbox"/>	Held Tight <input type="checkbox"/>	Opened at ____PSID	Opened at ____PSID
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	#1 Check ____PSID	Did Not Open <input type="checkbox"/>
Failed <input type="checkbox"/>	____PSID	____PSID	Air Gap OK? _____	
New Parts and Repairs	Clean    Replace    Part	Clean    Replace    Part	Clean    Replace    Part	Check Valve
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	Held at ____PSID
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	Leaked <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	Cleaned <input type="checkbox"/>
Test After Repairs	Held Tight <input type="checkbox"/>	Held Tight <input type="checkbox"/>	Opened at ____PSID	Air Inlet ____PSID
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	#1 Check ____PSID	Check Valve ____PSID
Failed <input type="checkbox"/>	____PSID	____PSID		

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

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

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

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

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

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