

# PORTAGE COUNTY WATER

8116 Infirmary Rd.  
Ravenna, OH 44266

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# Backflow Prevention Assembly Test Report

Service Address Information

Mailing Address

Blank Back FLOW Form

Serial #:  
Manufacturer:  
Model:  
Type:  
Size: 0.000  
Hazard #: 1 of 1

Reduced Pressure Principle Assembly				RP <input type="checkbox"/>	DCDA <input type="checkbox"/>
Double Check Valve Assembly				DC <input type="checkbox"/>	RPDA <input type="checkbox"/>
				PVB <input type="checkbox"/>	Air Gap <input type="checkbox"/>
				SVB <input type="checkbox"/>	AVB <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	
<b>Initial Test</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	<b>AIR INLET</b>	
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did not Open <input type="checkbox"/>	
<b>Repairs Details</b>	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID	
	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	<b>CHECK VALVE</b>	
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>	
<b>Final Test</b>				Held at _____ PSID	
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Cleaned <input type="checkbox"/>	
	Held at _____ PSID	Held at _____ PSID		Replaced <input type="checkbox"/>	

<b>Comments</b>	Line Pressure _____
	Meter Reading _____
	Held Backpressure _____
	#2 Shutoff _____
The above report is certified to be true.	
Relief Valve Exercised _____	

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>