



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to:
 MAIL: Village of Granville - Water
 Backflow Compliance
 PO Box 514
 Granville, OH 43023
 FAX: 740-587-0128
 EMAIL: backflow@granville.oh.us

Failed, Illegible or Incomplete Reports **Will Not Be Accepted**

Customer and Property Information—Please Print

PROPERTY ADDRESS _____ ZIP _____
 BUSINESS NAME _____
 CONTACT PERSON _____ PHONE _____ FAX _____

Device Information—Please Print

NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER _____
 TYPE OF ASSEMBLY (circle one) AIR GAP RP DC PVB OTHER (SPECIFY) _____
 MAKE OF ASSEMBLY _____ MODEL _____ SIZE _____ SERIAL NUMBER _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building) _____

Describe location of assembly _____

	DOUBLE CHECK ASSEMBLY			REDUCED PRESSURE ASSEMBLY			PRESSURE VACUUM BREAKER		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	____ psid	Pass <input type="checkbox"/>	Air Inlet Valve	____ psig	Pass <input type="checkbox"/>
	1st Check Valve	____ psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	____ psid	Pass <input type="checkbox"/>	Check Valve	____ psig	Pass <input type="checkbox"/>
	2nd Check Valve	____ psid	Pass <input type="checkbox"/>	2nd Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	____ psid	Pass <input type="checkbox"/>	Air Inlet Valve	____ psig	Pass <input type="checkbox"/>
	1st Check Valve	____ psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	____ psid	Pass <input type="checkbox"/>	Check Valve	____ psig	Pass <input type="checkbox"/>
	2nd Check Valve	____ psid	Pass <input type="checkbox"/>	2nd Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	AIR GAP INSPECTION: Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			

Does the assembly meet proper piping installation requirements? YES NO

ASSEMBLY PASSED (_____) FAILED (_____) *NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN TEN (10) DAYS

COMMENTS _____

Certified Tester Information—Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (PRINT) _____ Certificate Number _____

Test Equipment Make _____ Model _____ SN# _____ Cal. Date _____

Tester's CO Name _____ Phone Number _____

Tester's Signature _____ Date _____