

CITY OF PERRYSBURG DEPARTMENT OF PUBLIC UTILITIES

211 E Boundary Street | Perrysburg, OH 43551 | Office 419 872 8050 | www.ci.perrysburg.oh.us

BACKFLOW PREVENTION ASSEMBLY – TEST REPORT FORM

Facility Name _____
 Address _____

Tester (Check One) New Installation Annual Test: Year ____
--

DEVICE INFORMATION

Type RPZ DC PVB Air Gap
 Manufacturer/Model _____ Size _____ Serial _____
 What hazard is being protected? (i.e. boiler, irrigation, complete building) _____

Description of assembly location _____

	Reduced Pressure Principal Valve			Pressure Vacuum Breaker	
	Double Check Valve Assembly				
	1 st Check	2 nd Check	Relief Valve	Air Inlet	Check Valve
Initial Test	DC Closed Tight Leaked RP-_____ psid	Closed Tight Leaked	Opened at _____ RP-_____ psid	Opened at _____ Did Not Open RP-_____ psid	Leaked RP-_____ psid
Repairs and Material Used					
Final Test	DC Closed Tight RP-_____ psid	Closed Tight	Opened at _____ RP-_____ psid	Opened at _____ RP-_____ psid	RP-_____ psid
Remarks	(Describe deficiencies, bypasses, outlets before the device, connections between the device and the point of entry, missing or inadequate air gaps, etc...)				

CERTIFIED TESTER INFORMATION

I hereby certify this report to be true.

Printed Name _____ Cert # _____
 Business Name _____ Phone # _____
 Testers Signature _____ Date _____

PROPERTY OWNER INFORMATION

Certification that test was performed.

Printed Name _____ Title _____
 Signature _____ Date _____

Notify owner and Division of Water (419.872.8050) immediately if device fails test and repairs cannot be made that day.