



Backflow Prevention Assembly Test Report

Please return to: City of Bexley, Water Department via email (backflow@bexley.org), mail (City of Bexley Water Department, Backflow Compliance, 2242 E. Main St. Bexley, Ohio, 43209) or fax (614.559.4270). If this is a new installation please fax completed form to Building Department at 614.559.4261.

Name:																		
Service Address:																		
Phone Number:							Date:											
Type of Work		Type of Assembly			Assembly Specifications													
New installation	<input type="checkbox"/>	Air	<input type="checkbox"/>	RP	<input type="checkbox"/>	Make:												
Existing	<input type="checkbox"/>	RPDA	<input type="checkbox"/>	DC	<input type="checkbox"/>	Model:												
Replacement	<input type="checkbox"/>	DCDA	<input type="checkbox"/>	PVB	<input type="checkbox"/>	Size:												
Removal	<input type="checkbox"/>	Other (Specify)			Serial Number:													
What hazard is being contained or isolated (boiler, irrigation,																		
Location of assembly																		
Initial Test	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker											
	Outlet Valve		Pass <input type="checkbox"/>	1 st Check Valve	psid	Pass <input type="checkbox"/>	Air Inlet Valve	psig	Pass <input type="checkbox"/>									
	Pass		Fail <input type="checkbox"/>			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>									
	1 st Check Valve	psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	psid	Pass <input type="checkbox"/>	Check Valve	psig	Pass <input type="checkbox"/>									
			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>									
	2 nd Check Valve	psid	Pass <input type="checkbox"/>	2 nd Check Valve	psid	Pass <input type="checkbox"/>												
Fail <input type="checkbox"/>			Fail <input type="checkbox"/>															
			Outlet Valve	psid	Pass <input type="checkbox"/>													
					Fail <input type="checkbox"/>													
Repairs & Materials Used																		
Re-Test After Repairs	Double Check Assembly			Reduced Pressure Assembly						Pressure Vacuum Breaker								
	Outlet Valve		Pass <input type="checkbox"/>	1 st Check Valve	psid					Pass <input type="checkbox"/>	Air Inlet Valve	psig	Pass <input type="checkbox"/>					
	Pass		Fail <input type="checkbox"/>			Fail <input type="checkbox"/>	Fail <input type="checkbox"/>											
	1 st Check Valve	psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	psid	Pass <input type="checkbox"/>	Check Valve	psig	Pass <input type="checkbox"/>									
			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>									
	2 nd Check Valve	psid	Pass <input type="checkbox"/>	2 nd Check Valve	psid	Pass <input type="checkbox"/>	Air gap separation provided	Yes <input type="checkbox"/>										
Fail <input type="checkbox"/>			Fail <input type="checkbox"/>			No <input type="checkbox"/>												
			Outlet Valve	psid	Pass <input type="checkbox"/>													
					Fail <input type="checkbox"/>													
I certify that all information on this report is complete, true, and accurate (all fields required)																		
Tester:										Ohio Certification								
Email Address:																		
Phone Number:										Company:								
Passed		<input type="checkbox"/>			Fail			<input type="checkbox"/>										
Comments:																		
Signature:							Date:											