



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 (614.559.4201). 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 Gap	<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, complete												
Location of assembly												
Initial Test	Double Check Assembly		Reduced Pressure Assembly			Pressure Vacuum Breaker						
	Outlet Valve Pass	Pass	<input type="checkbox"/>	1 st Check Valve	psid	Pass	<input type="checkbox"/>	Air Inlet Valve	psig	Pass	<input type="checkbox"/>	
		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"/>				
					Fail	<input type="checkbox"/>						
	Repairs & Materials Used											
Re-Test After Repairs	Double Check Assembly		Reduced Pressure Assembly			Pressure Vacuum Breaker						
	Outlet Valve Pass	Pass	<input type="checkbox"/>	1 st Check Valve	psid	Pass	<input type="checkbox"/>	Air Inlet Valve	psig	Pass	<input type="checkbox"/>	
		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"/>					
				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:								

Thank you for your assisting in ensuring the City of Bexley's drinking water system is in compliance with Ohio EPA regulations.

William T. Dorman
Public Service Director