



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to:
 MAIL: Village of Granville - Water
 Backflow Compliance
 PO Box 514
 Granville, OH 43023
 FAX: 740-587-0171
 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	Fail	1st Check Valve	____ psid	Pass Fail	Air Inlet Valve	____ psig	Pass Fail
	1st Check Valve	____ psid	Pass Fail	Relief Valve Opening Point	____ psid	Pass Fail	Check Valve	____ psig	Pass Fail
	2nd Check Valve	____ psid	Pass Fail	2nd Check Valve	Pass	Fail			
				Outlet Valve	Pass	Fail			
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	Pass	Fail	1st Check Valve	____ psid	Pass Fail	Air Inlet Valve	____ psig	Pass Fail
	1st Check Valve	____ psid	Pass Fail	Relief Valve Opening Point	____ psid	Pass Fail	Check Valve	____ psig	Pass Fail
	2nd Check Valve	____ psid	Pass Fail	2nd Check Valve	Pass	Fail	AIR GAP INSPECTION: Required Air Gap Separation Provided?		
				Outlet Valve	Pass	Fail			

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 _____