



# GEAUGA COUNTY BOARD OF COMMISSIONERS

James W. Dvorak      Timothy C. Lennon      Ralph Spidalieri

DEPARTMENT OF WATER RESOURCES • Steven Oluic, PhD, Director  
470 Center Street • Building 3 • Chardon, Ohio 44024-1068

## Backflow Prevention Device Test and Maintenance Report

Customer: \_\_\_\_\_ Type of Device: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
 Service Address: \_\_\_\_\_ Size: \_\_\_\_\_  
 Location of Backflow: \_\_\_\_\_ Serial #: \_\_\_\_\_

Check one of the following: Initial \_\_\_\_\_ Annual \_\_\_\_\_ Replacement \_\_\_\_\_

OSHA confined space entry requirements apply on **ALL** testing and repair of backflow prevention devices within a vault.

**Owner's Certification:**

**This device has been in constant use at this location in a manner approved by the Department of Water Resources. During the entire prescribed interval between test periods this device was not by-passed, made inoperative or removed without authorization. All defects found during the operation period or during the operation period or during tests of the device were corrected without delay.**

Owner/Agent Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker & SVB	
				Air Inlet	Check Valve
Initial Test	1. Leaked _____ RP _____ PSID 2. Closed Tight _____	1. Leaked _____ 2. Closed Tight _____	1. Opened at _____ PSID Reduced Pressure 2. Did not open _____	1. Opened at _____ PSID 2. Did not open _____	1. Closed Tight _____ PSID 2. Leaked _____
REPAIRS	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disk <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disk <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disk Upper <input type="checkbox"/> Disk Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer Lower <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced:	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced:
Final Test	RP _____ PSID Closed Tight _____	Closed Tight _____	Opened at _____ PSID Reduced Pressure	Opened at _____ PSID	Closed Tight _____ PSID

Detector Check Meter Reading \_\_\_\_\_ Gallons or \_\_\_\_\_ Cubic Feet

**TEST CERTIFICATION: I certify that the foregoing test report is correct.**

Company: \_\_\_\_\_ Tester: \_\_\_\_\_

Address: \_\_\_\_\_ Certification: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 01/14 JAC

<b>Office Use Only: Verification Signature: _____ Date: _____</b>
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