

OBERLIN WATER DEPARTMENT

43885 Parsons Road
Oberlin, Ohio 44074

Backflow/Cross Connection Program Annual Test and Maintenance Report for Backflow Prevention Assemblies

- ☐ Reduced Pressure Principle Backflow Prevention Assembly
☐ Double Check Valve Backflow Prevention Assembly
☐ Pressure Vacuum Breaker

Company _____

Address _____

Make and Model: _____ Size: _____

Serial No.: _____ Date Installed: _____

Location of Device: _____ Main Service ☐ Yes ☐ No

LINE PRESSURE _____psi	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Test Before Repair	<input type="checkbox"/> Leaked _____psi <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked _____psi <input type="checkbox"/> Closed Tight	Opened at _____psi Reduced Pressure
Describe Repair			
Materials Used			
Final Test	<input type="checkbox"/> Closed Tight _____psi	<input type="checkbox"/> Closed Tight _____psi	Opened at _____psi Reduced Pressure

CERTIFICATION (tester)

I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.

Tester (signature): _____ Ohio Cert. No.: _____

Tester (print): _____ Date: _____

CERTIFICATION (company)

I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period during tests of assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Officer (signature): _____ Title: _____

Owner/Officer (print): _____ Date: _____

White Copy / City

Yellow Copy / State

Pink Copy / Owner

Goldenrod Copy / Tester