



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**Please return to:**  
 MAIL: Village of Granville - Water  
 Backflow Compliance  
 PO Box 514  
 Granville, OH 43023  
 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		
<b>Initial Test</b>	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			
<b>Repairs &amp; Materials Used</b>									
<b>Re-Test After Repairs</b>	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	<b>AIR GAP INSPECTION:</b> 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 \_\_\_\_\_