

REQUIRED INFORMATION for BACKFLOW ASSEMBLY TEST REPORT FORMS

Information Required: The information required for Backflow Assembly Test Report forms submitted to the City of Reynoldsburg is listed below. Failed, illegible or incomplete test report forms will not be accepted. Testers may use only the form mailed to our customer or the blank City of Reynoldsburg standardized form. A printer friendly version of the standardized form is available on our website.

Customer and Property Information;

1. **Property Address:** Service address of the building or residence at which testing was done. Note: For newly installed devices the **SERVICE ADDRESS** must be provided.
2. **Business Name:** Name of business or property owner.
3. **Contact person:** Name and phone number of person to contact with questions regarding this address.

Devise Information;

1. **Check the appropriate box:** New Installation, Existing or Replacement.
Note; If Replacement, you must also include old assembly's serial number.
2. **Type of Assembly:** Circle one of the choices or specify in 'Other'
3. **Make of Assembly:** Manufacture's name, such as "Conbraco"
4. **Model Number:** Use complete model number, such as "009M2QT" or "950XLT"
5. **Size:** Size of assembly being tested.
6. **Serial Number:** Be accurate. Include alpha prefixes, such as "A101682"
7. **What hazard is being isolated:** For example, for service protection, irrigation. carbonation machine, boiler, etc.
8. **Describe Assembly Location:** Please give the physical location of device, such as next to meter, west wall of room 102, 15 feet SW of building, etc.

Test Results: To include the following:

1. Values are required for each check valve tested.
2. Repair information and details.
3. Final test results.
4. Check Pass or Fail box for each check valve tested.
5. For Air Gap Inspections, indicate whether proper air gap separation is provided by checking the appropriate box.
6. **Assembly Passed** (___) **Failed** (___) Check Passed or Failed for entire assembly.
7. **Proper Installation Annotation:** Check the appropriate Yes or No box.

NOTE: If assembly *is not* installed in accordance with the installation requirements the discrepancy must be recorded in the comments section.

Certified Tester Information;

1. **All** test reports must include legibly printed or typed tester's name, certification number, test completion date, test equipment's make/model and serial #, tester's company name and telephone number.

Important note: The report form must include the signature of the person performing the test.

CITY OF REYNOLDSBURG BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED



Please Return To:
 MAIL: City of Reynoldsburg Water Dept.
 Backflow compliance
 7232 E. Main St.
 Reynoldsburg, Oh. 43068
 (Fax) 614-322-6857

Customer and Property Information - Please Print

PROPERTY ADDRESS: _____ ZIP _____
 BUSINESS NAME: _____
 CONTACT PERSON: _____ PH.# _____ FAX# _____

Device Information - Please Print

NEW INSTALLATION EXISTING or REPLACEMENT OLD ASSEMBLY SERIAL # : _____

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP PVB OTHER (SPECIFY) _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SIZE: _____ SERIAL # _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____

Describe location of assembly: _____

Initial Test	Outlet Valve	Pass C	Fail C	1st Check Valve	_____psig	Pass C Fail C	Air Inlet Valve	_____psig	Pass C Fail C
	1st Check Valve	_____psid	Pass C Fail C	Relief Valve Opening Pt.	_____psig	Pass C Fail C	Check Valve	_____psig	Pass C Fail C
	2nd Check Valve	_____psid	Pass C Fail C	2nd Check Valve	_____psig	Pass C Fail C			
				Outlet Valve	Pass C	Fail C			
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	_____psig	Pass C Fail C	1st Check Valve	_____psig	Pass C Fail C	Air Inlet Valve	_____psig	Pass C Fail C
	1st Check Valve	_____psig	Pass C Fail C	Relief Valve Opening Pt.	_____psig	Pass C Fail C	Check Valve	_____psig	Pass C Fail C
	2nd Check Valve	_____psig	Pass C Fail C	2nd Check Valve		Pass C Fail C	AIR GAP SEPARATION: Required Air Gap Separation Provided? Yes C No C		
				Outlet Valve	Pass C	Fail C			

Does the assembly meet proper installation requirements? **Yes C No C**

Assembly PASSED (____) FAILED (____) *NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS.

COMMENTS: _____

Certified Tester Information - Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Testers Name (Printed): _____ Certification #: _____

Test Equipment: Make: _____ Model: _____ S# _____ Cal. Date _____

Testers Co. Name: _____ Ph. # _____

Testers Signature: _____ Date: _____