

Hocking County Health Department

350 State Route 664 N

Logan, Oh 43138

Phone: 740-385-3030

Fax: 740-385-2252

Backflow Prevention Assembly

Test Report

Mailing Address

Account #: .
 Test Due:
 Last Test:
 Protection:
 Service:

Service Address

Address:
 Company:
 Contact:
 Hazard:
 Location:

Serial #:
 Manufacturer:
 Model:
 Type:
 Size:
 Hazard #: 1 of 1

	Reduced Pressure Principle		Assembly	RP	DCDA
	Double Check Valve Assembly			DC	RPDA
	Check Valve #1	Check Valve #2	Relief Valve	PVB	Air Gap
Initial Test	Leaked Closed Tight Held at _____PSID	Leaked Closed Tight Held at _____PSID	Did not Open Opened at _____PSID	SVB <th>AVB</th>	AVB
Repairs Details	Cleaned Replaced	Cleaned Replaced	Cleaned Replaced	PVB/SVB	
				AIR INLET Did not Open Opened at _____PSID	
				CHECK VALVE Leaked Held at _____PSID Cleaned Replaced	
Final Test	Closed Tight Held at _____PSID	Closed Tight Held at _____PSID	Opened at _____PSID	AIR INLET Opened at _____PSID CHECK VALVE Held at _____PSID	

Comments	Held	Line Pressure
		Meter Reading
		Backpressure
		#2 Shutoff
		Valve Exercised
The above report is certified to be true.		Relief

Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
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Initial Test	<input type="checkbox"/>	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	<input type="checkbox"/>
Final Test <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>