

CITY OF TALLMADGE
 WATER/SEWER DEPARTMENT
 210 OSCEOLA AVE., TALLMADGE, OH 44278
 330-633-0851, 330-633-5260 FAX

BACKFLOW PREVENTION PROGRAM
ANNUAL TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

Facility Name: _____ Phone Number: _____

Address: _____

Backflow Prevention Assembly Information Make: _____ Model: _____ Size: _____ Serial Number: _____ Date Installed: _____	<input type="checkbox"/> Basement <input type="checkbox"/> First Floor <input type="checkbox"/> Outside <input type="checkbox"/> Vault Location: _____ _____
Main Service Protection <input type="checkbox"/> YES <input type="checkbox"/> OTHER	

<input type="checkbox"/> Reduced Pressure Principle Backflow Prevention Assembly			
<input type="checkbox"/> Double Check Valve Backflow Prevention Assembly			
Line Pressure: _____ psi	Check Valve #1	Check Valve #2	Relief Valve
Test before repair	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	Opened at ___ psi
Materials Used			
Final Test	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	Opened at ___ psi

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): _____ Test Date: _____
 Tester (print): _____ Ohio Cert. No.: _____ Expires: _____
 Company Name: _____ Phone: _____

CERTIFICATION - FACILITY

I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test operation period or 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: _____

**MAIL TO: CITY OF TALLMADGE WATER/SEWER DEPT., 210 OSCEOLA AVENUE,
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OR FAX TO: 330-633-5260