

# CITY OF DAYTON, OHIO

WATER ENGINEERING

320 W. Monument Ave., Dayton, OH 45402 937-333-3743 FAX 937-333-8555



## Backflow Preventer Test Report

Customer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Device \_\_\_\_\_

Billing Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City - State- Zip \_\_\_\_\_

- |                                           |                                           |                                     |
|-------------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Device       | <input type="checkbox"/> Isolation Device | <input type="checkbox"/> Process    |
| <input type="checkbox"/> Existing Device  | <input type="checkbox"/> Fire             | <input type="checkbox"/> HVAC       |
| <input type="checkbox"/> Replacing Device | <input type="checkbox"/> Irrigation       | <input type="checkbox"/> Water Only |

Date Installed \_\_\_\_\_ Replace Old Ser.# \_\_\_\_\_

Comments \_\_\_\_\_

• Tampering with ID plate will result in you being required to replace backflow device. Failed, illegible or incomplete reports will not be accepted. A complete report includes all identifying information for backflow device and plumber / tester / technician.

Size	Make	Model	Serial #
<b><u>Specific Location of Device</u></b>			

### **BACKFLOW PREVENTER TEST REPORT**

DO ALL TESTS REQUIRED FOR EACH DEVICE

<b>REDUCED PRESSURE DEVICE</b> 1013	#1 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	DIFFERENTIAL PRESSURE RELIEF VALVE OPENED AT _____ PSIG	#2 CHECK VALVE CLOSED TIGHT YES _____ NO _____	DEVICE PASSED YES _____ NO _____
<b>DOUBLE CHECK VALVE</b> 1015	#1 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	#2 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	DID OUTLET SHUTOFF VALVE HOLD TIGHT YES _____ NO _____	DEVICE PASSED YES _____ NO _____
<b>PRESSURE VACUUM BREAKER</b>	PRESSURE LOSS ACROSS CHECK VALVE PSIG _____	AIR INLET OPEN YES _____ NO _____ PSIG _____		DEVICE PASSED YES _____ NO _____

REPAIRS MADE \_\_\_\_\_ TEST EQUIPMENT CALIBRATION DATE \_\_\_\_\_

TESTED BY \_\_\_\_\_ PLUMBING COMPANY /  
PHONE \_\_\_\_\_

DATE OF TEST \_\_\_\_\_ STATE CERTIFICATION NO. \_\_\_\_\_ PLUMBR'S. CERT. EXPIRATION DATE \_\_\_\_\_

If you have any questions, please call 937-333-3743. Fax reports to 937-333-8555 or email reports to [Backflow@daytonohio.gov](mailto:Backflow@daytonohio.gov)