



**Village of Silver Lake
Service Department**

Backflow Prevention Program
Annual Test and Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____

Address: _____

Backflow Prevention Assembly Information
Make: _____
Model: _____
Size: _____
Serial Number: _____
Date Installed: _____

Installation Information
<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
Describe Repair			
Material 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.: _____

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 periods and during that period this assembly was not bypassed, made inoperative or removed without proper authorization. All defects found during the 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: _____