



Department of Water Backflow Test Report

MAIL TO:
Germantown Public Service Dept.
One North Plum Street
Germantown, OH 45327

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes. **Testing is required upon installation, repair, or relocation and annually thereafter.** Test reports are kept permanently and are accessible anytime to tester, owners and regulatory authority.

Facility Name	_____		
Address	_____		
Contact Person	_____	Phone (_____)	_____
Mailing Address	_____	City _____	State _____ Zip _____

Assembly & Installation Information

Make: _____	Existing ()	Domestic ()	Commercial ()	Location: _____ _____
Model: _____	Removed ()	Fire ()	Industrial ()	
Size: _____	New ()	Irrigation ()	Residential ()	
Serial Number: _____	Replaced ()	By Pass ()		

Initial Test Date: ____/____/____

Double Check Assembly		Reduced Pressure Assembly		Pressure Vacuum Breaker	
Outlet Valve		Check Valve #1	psid	Air Inlet Valve	psid
Check Valve #1	psid	Relief Valve	psid	Check Valve	psid
Check Valve #2	psid	Check Valve #2	psid	Outlet Valve	
() Pass () Fail		Outlet Valve		() Pass () Fail	
		() Pass () Fail			

Repairs & Materials Used *Use only manufacturer's replacement parts*

Final Test Date: ____/____/____

Double Check Assembly		Reduced Pressure Assembly		Pressure Vacuum Breaker	
Outlet Valve		Check Valve #1	psid	Air Inlet Valve	psid
Check Valve #1	psid	Relief Valve	psid	Check Valve	psid
Check Valve #2	psid	Check Valve #2	psid	Outlet Valve	
() Pass () Fail		Outlet Valve		() Pass () Fail	
		() Pass () Fail			

Comments

Tester Certification

I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.

Certified Tester _____ Certified Tester # _____
Signature _____ Date _____

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer _____ Title _____
Signature _____ Date _____