

# Village of West Jefferson

John Mitchell  
Director of Public Service

West Jefferson, Ohio 43162  
(614) 879-8655

28 E. Main Street  
Fax (614) 879-5337

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

### Assembly Information

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Size: \_\_\_\_\_  
Serial Number: \_\_\_\_\_

### Installation Information

Containment  Isolation   
Meter Pit  Basement  Floor Number: \_\_\_\_\_  
Penthouse  Boiler Room  Room Number: \_\_\_\_\_  
Mechanical Room  Protection Provided: \_\_\_\_\_

#### Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Date	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
_____	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

#### Reduced Pressure Assembly

1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
2 <sup>nd</sup> Check Valve		Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

#### Pressure Vacuum Breaker

Air Inlet Valve	_____ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	_____ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

Repairs & Materials Used

#### Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Date	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
_____	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

#### Reduced Pressure Assembly

1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
2 <sup>nd</sup> Check Valve		Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

#### Pressure Vacuum Breaker

Air Inlet Valve	_____ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	_____ psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

**TESTER CERTIFICATION:** I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Phone No. \_\_\_\_\_  
Company Name \_\_\_\_\_ OH Cert. No. \_\_\_\_\_ Contractor No. \_\_\_\_\_ Date \_\_\_\_\_

### FACILITY CERTIFICATION:

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 (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Phone No. \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return Original To: Village of West Jefferson Office: 614-879-8655  
28 E. Main St. Fax: 614-879-5325  
West Jefferson, Ohio 43162

**All applicable fields must be filled out completely in order for test results to be accepted**