BACKFLOW PREVENTION ASSEMBLY
TEST REPORT

The City Of Medina Ohio
Preserving the Past. Forging the Future.

It is the responsibility of the property owner or residing tenant to submit a copy of this report to the City of Medina and to retain a copy for their records.

Please return report to:
Backflow Coordinator
P.O. Box 703
Medina, OH 44258
E-mail   rmetheney@medinaoh.org

BACKFLOW TEST DATE: _____   **COMMERCIAL** ☐ **RESIDENTIAL** ☐

NAME OF PREMISE: _____

SERVICE ADDRESS: _____**CITY**_____ **ZIP:** _____

CONTACT PERSON: _____ **LOCATION OF ASSEMBLY:** _____

DOMESTIC ☐   **FIRE LINE** ☐   **FIRE LINE BYPASS** ☐   **LAWN SPRINKLER** ☐   **OTHER:** _____

DCVA ☐   **RPBA** ☐   **PVBA** ☐   **DCDA** ☐ **OTHER:** _____

NEW INSTALLATION ☐ **EXISTING** ☐ **REPLACEMENT** ☐   **OLD ASSEMBLY SERIAL NUMBER:** _____

MAKE OF ASSEMBLY: _____ **MODEL:** _____ **SERIAL NO**.:_____ **SIZE**:_____

INITIAL TEST **PASSED**☐ **FAILED**☐	DCVA/RPBA CHECK VALVE NO.1 OUTLET VALVE PASS ☐ FAIL ☐ LEAKED ☐ CLOSED TIGHT ☐ _____PSID	DCVA/RPBA CHECK VALVE NO.2 LEAKED ☐ CLOSED TIGHT ☐ _____PSID	RPBA OUTLET VALVE PASS ☐ FAIL ☐ OPENED AT_____PSID #1 CHECK _____PSID AIR GAP OK? _____	PVBA AIR INLET OPENED AT_____PSID DID NOT OPEN ☐
REPAIRS	CLEAN REPLACE PART ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	CLEAN REPLACE PART ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	CLEAN REPLACE PART ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	CHECK VALVE HELD AT _____PSID LEAKED ☐ CLEANED ☐ REPAIRED ☐
TEST AFTER REPAIRS **PASSED**☐ **FAILED** ☐	CLOSED TIGHT ☐ _____PSID	CLOSED TIGHT ☐ _____PSID	OPENED AT _____PSID #1 CHECK_____PSID	AIR INLET _____PSID CHK VALVE _____PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No ☐

REMARKS: _____

_____ LINE PRESSURE _____

TESTER'S SIGNATURE _____ **CERT. NO.** _____ **EXP. DATE** _____

TESTER'S NAME PRINTED _____ **COMPANY NAME:** _____

PHONE NUMBER: (_____)_____ **FAX NUMBER:** (_____)_____

GAGE CALIBRATION DATE _____/_____/_____   **WATER SERVICE RESTORED** **YES** ☐ **NO** ☐

MEDINA BACKFLOW DEPARTMEPV'''''''RHONE # 330-721-8417   E-mail rmetheney@medinaoh.org