Facility Name: _____

Address: _____ **Contact Person:** _____

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 Fail
	1st Check Valve	___psid	Pass Fail
Date _____	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	___psid		Pass Fail
Relief Valve Opening Point	___psid		Pass Fail
2nd Check Valve			Pass Fail
Outlet Valve	Pass		Fail

Pressure Vacuum Breaker

Air Inlet Valve	___psig		Pass Fail
Check Valve	___psig		Pass Fail

Repairs & Materials Used		

Double Check Assembly

Re-Test After	Outlet Valve		Pass Fail
Repairs	1st Check Valve	___psid	Pass Fail
Date _____	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	___psid		Pass Fail
Relief Valve Opening Point	___psid		Pass Fail
2nd Check Valve			Pass Fail
Outlet Valve	Pass		Fail

Pressure Vacuum Breaker

Air Inlet Valve	___psig		Pass Fail
Check Valve	___psig		Pass Fail

Comments:

TESTER CERTIFICATION: *I certify that the above data is correct & the backflow prevention assembly is passed the test.*

Tester Name (Printed): _____ **Signature:** _____

Company Name: _____ **Ohio Cert. No.:** _____ **Contractor No.:** _____ **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 (Printed): _____ **Signature:** _____

Title: _____ **Date:** _____

(DICL3102) Updated 11/17/11