

City of Stow
Backflow Prevention Program
 3760 Darrow Road
 Stow, OH 44224
 330-689-2911 / fax 330-689-2917

Test and Maintenance Report

Facility Name: _____ **Phone:(330)** _____
Address: _____ **Test Date:** _____

Backflow Prevention Assembly Information:	Reduced Pressure: _____	DoubleCheck: _____	PVB: _____
Make: _____	Model: _____	Size: _____	Serial Number: _____
Installation Date: _____	New: _____	Replacement: _____	Previous device: _____

Installation Information:	Containment Device: _____	Isolation Device: _____
Domestic _____	Fire _____	Lawn Irrigation _____
Boiler _____	Other _____	
Location:	Vault _____	First Floor _____
	Basement _____	Outside _____
	Other _____	

Test Results	Pass _____	Fail _____	Line Pressure _____	psi
Test before repair	Check Valve # 1	Check Valve # 2	Relief Valve	
	Leaked _____	Leaked _____	Opened at @ _____ psid	
	Closed tight @ _____ psid	Closed tight @ _____ psid		
Final Test	Closed tight @ _____ psid	Closed tight @ _____ psid	Opened at @ _____ psid	

Describe repairs / Materials used:

Tester Certification I hereby certify that I have tested the above backflow prevention assembly, that the assembly is in proper operating condition, and that the above data is correct.

Tester Signature: _____ **Ohio Certification Number:** _____
Print Name: _____ **Certificate Expires:** _____
Company Name: _____ **Phone Number:** _____

Facility Certification 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 test period the assembly was not bypassed, made inoperative, or removed without proper authorization. All defects found during the operation period or during testing 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 Name): _____ **Date:** _____