

City of Stow

Backflow Prevention Program

3760 Darrow Road
 Stow, OH 44224
 330-689-2911 / fax 330-689-2917

Low Pressure Cut-Off Device/Minimum Pressure Sustaining Valve Report

Facility Name: _____ **Phone: (330)** _____
Address: _____ **Test Date:** _____
Device Make/Model Number: _____
Serial Number: _____ **Pump Rating:** _____ **gpm**

	Initial Test		Final Test
➤ Pump automatically cut off at:	_____	psig	_____
➤ Is minimum pressure sustaining valve installed after the pump?	_____	(yes / no)	_____
➤ Did minimum pressure sustaining valve operate properly before pump cut off?	_____	(yes/no/NA)	_____
➤ Did the pump remain off until manually restarted?	_____	(yes / no)	_____
➤ Did pump turn on with manual Restart?	_____	(yes / no)	_____

Describe Repairs:

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

Facility Certification: I hereby certify that the above report is correct and that the following statement is true:

This low pressure cut-off device and minimum pressure sustaining valve (if installed) have been in constant use at this location during the entire prescribed interval between tests and during that period this device was not bypassed, made inoperable, or removed without proper authorization. All defects found during the operating period, or during inspections, or tests of the device were satisfactorily corrected without delay.

Owner/Officer Signature: _____ **Title:** _____

Printed Name: _____ **Date:** _____