



BACKFLOW PREVENTION DEVICE TEST REPORT

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

Please return report to:

Medina County Sanitary Engineers
 Backflow Prevention Program
 791 W. Smith Road
 Medina, OH 44256
 Email: mcse_backflow@medinaco.org
 Fax: (330) 764-8589
 Attn: Backflow Prevention Program

Please enter all information as completely and as accurately as possible.

BACKFLOW TEST DATE: _____ (circle one) **COMMERCIAL** **RESIDENTIAL**

CONTACT NAME: _____ **NAME OF PREMISE:** _____

SERVICE ADDRESS: _____ **LOCATION OF DEVICE:** _____

TYPE OF DEVICE: (circle one) **DCVA** **RPBA** **PVBA** **DCDA** **OTHER** (describe): _____

THIS DEVICE IS INSTALLED AS: (circle one) **ISOLATION** **CONTAINMENT**

EXISTING DEVICE:

MAKE: _____ **MODEL:** _____ **SIZE:** _____ **SERIAL NO:** _____

REPLACEMENT DEVICE:

MAKE: _____ **MODEL:** _____ **SIZE:** _____ **SERIAL NO:** _____

NEW INSTALLATION DEVICE:

MAKE: _____ **MODEL:** _____ **SIZE:** _____ **SERIAL NO:** _____

INITIAL TEST	DCVA/RPBA CHECK VALVE NO. 1	DCVA/RPBA CHECK VALVE NO. 2	RPBA	PVBA																																				
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	OUTLET VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OUTLET VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/> OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? Y / N	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>																																				
REPAIRS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PART</td> <td style="width: 33%;">CLEAN</td> <td style="width: 33%;">REPLACE</td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	PART	CLEAN	REPLACE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PART</td> <td style="width: 33%;">CLEAN</td> <td style="width: 33%;">REPLACE</td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	PART	CLEAN	REPLACE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PART</td> <td style="width: 33%;">CLEAN</td> <td style="width: 33%;">REPLACE</td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	PART	CLEAN	REPLACE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
PART	CLEAN	REPLACE																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
PART	CLEAN	REPLACE																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
PART	CLEAN	REPLACE																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
_____	<input type="checkbox"/>	<input type="checkbox"/>																																						
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID																																				

REMARKS: _____

LINE PRESSURE: _____

TESTER INFORMATION

PHONE: _____ **FAX:** _____ **GAGE CALIBRATION:** _____

NAME: (print) _____ **CERT. NO:** _____ **EXP. DATE:** _____

SIGNATURE: _____ **COMPANY:** _____