



# 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 Rd  
 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:** \_\_\_\_\_ (please 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:** \_\_\_\_\_

Office Only: Location #: \_\_\_\_\_

INITIAL TEST	DCVA/RPBA CHECK VALVE NO. 1	DCVA/RPBA CHECK VALVE NO. 2	RPBA	PVBA																																				
<b>PASSED</b> <input type="checkbox"/>  <b>FAILED</b> <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="text-align: center;">PART</td> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">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="text-align: center;">PART</td> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">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="text-align: center;">PART</td> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">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"/>
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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:** \_\_\_\_\_

**For any questions please refer to the Water Desk at: (330) 723-9585**