



City of Youngstown

DIVISION OF WATER

P. O. BOX 6219 • YOUNGSTOWN, OH 44501-6219 • 330-884-6005 • 330-742-8763 (FAX) • BACKFLOWSURVEY@YOUNGSTOWNOHIO.GOV

TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

IN ACCORDANCE WITH OHIO ADMINISTRATIVE CODE SEC. 3745-95-06 AND YOUNGSTOWN CITY ORDINANCE 943

BUSINESS/NAME _____

ADDRESS _____ TEST DATE _____

EMAIL _____ PHONE NUMBER _____

DEVICE INFORMATION	<input type="checkbox"/> RP	<input type="checkbox"/> DC	<input type="checkbox"/> OTHER (SPECIFY)
---------------------------	-----------------------------	-----------------------------	--

SIZE	MAKE	MODEL	SERIAL NO.
------	------	-------	------------

TEST TYPE	<input type="checkbox"/> EXISTING DEVICE	<input type="checkbox"/> REPLACEMENT _____ <small>(LIST MAKE, MODEL AND SERIAL NUMBER OF PREVIOUS DEVICE)</small>
	<input type="checkbox"/> NEW INSTALLATION	

INSTALLATION TYPE	<input type="checkbox"/> CONTAINMENT	<input type="checkbox"/> ISOLATION
--------------------------	--------------------------------------	------------------------------------

SYSTEM TYPE	<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> IRRIGATION	WATER METER SERIAL NO. _____ <small>(DOMESTIC AND IRRIGATION ACCOUNTS ONLY)</small>	
	<input type="checkbox"/> FIRE	<input type="checkbox"/> BOILER	<input type="checkbox"/> CHILLER / COOLING TOWER	<input type="checkbox"/> OTHER
	<input type="checkbox"/> DRAIN LINE FOR RELIEF VALVE	<input type="checkbox"/> THERMAL EXPANSION TANK		

LOCATION	<input type="checkbox"/> BASEMENT	<input type="checkbox"/> MECHANICAL ROOM	<input type="checkbox"/> PENTHOUSE	<input type="checkbox"/> VAULT	<input type="checkbox"/> HOT BOX
	FLOOR NUMBER _____		ROOM (DESCRIPTION) _____		

TEST RESULTS		CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE OPENING POINT	OUTLET VALVE
		LINE PRESSURE	INITIAL TEST	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
_____ PSI	RE-TEST AFTER ANY REPAIRS	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

DESCRIBE ANY REPAIRS OR PROVIDE ADDITIONAL COMMENTS HERE

WATER BYPASS	INSTALLED	NOT INSTALLED
---------------------	-----------	---------------

TESTER CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE DATA IS CORRECT AND THAT THE BACKFLOW PREVENTION DEVICE IS IN PROPER WORKING CONDITION.

TESTER (SIGNATURE) _____ OHIO CERTIFICATE NO. _____

TESTER (PRINT) _____ CERTIFICATE EXPIRES _____

COMPANY NAME _____ PHONE NUMBER _____

FACILITY CERTIFICATION

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 AUTHORIZATION. I FURTHER CERTIFY THAT I HAVE AUTHORITY AND RESPONSIBILITY TO ENSURE THE ABOVE.

OWNER/OFFICER (SIGNATURE) _____ TITLE _____

OWNER/OFFICER (PRINT) _____ DATE _____