

CITY OF MARIETTA

2000 Fourth Street, Box 774

Marietta, OH 45750

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Backflow Prevention Assembly Test Report

Serial # _____ Device Make: _____ Size: _____ New: _____ Existing: _____

Hazard: _____ Location of Device: _____

Mailing Address	Service Address
Company Name:	Company Name:
Contact:	Contact: Telephone No.:
Address:	Address:
City State Zip Code	City State Zip Code

INFORMATION MUST BE FILLED OUT COMPLETELY	Reduced Pressure Principle Assembly <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Double Check Valve Assembly </div>	RPPA <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/>
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	Check Valve #1	Check Valve #2	Relief Valve	PVB
Initial Test	Leaked <input type="checkbox"/> Held at _____ PSID Shut-off Valve #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID Shut-off Valve #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/>	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID
Repairs Details	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID <hr/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
Final Test	Held at _____ PSID Shut-off Valve #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID Shut-off Valve #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/>	AIR INLET Opened at _____ PSID CHECK VALVE Held at _____ PSID

Test Kit Model #:	Date Test Kit was last calibrated:
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The above report is certified to be true.

	Date	Signature	Tester #	Passed	Failed
Initial Test					
Repairs					
Final Test					

On-Site Verification Section (must be completed and signed or will NOT be accepted)

Customer Signature/Title (of person present)

Contact Number