Village of Middlefield
WATER DEPARTMENT

14860 N. State Ave. Middlefield, Ohio 44062 440.632.5248
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REPORT OF INSPECTIONS, TEST AND MAINTENANCE

Assembly Information

Unit No.: _____

Make: _____

Model: _____

Size: _____

Serial Number: _____

Date Installed: _____

Existing Unit ☐　　New Unit ☐　　Replacement ☐

Company: _____

Device Location: _____

Device Address: _____

City, State Zip: _____

Installation Info　Containment ☐　　　Isolation ☐

System Protected　　Domestic ☐　　Fire Line ☐　Lawn Irrigation ☐

Date of Test: _____

Boiler ☐　Old Serial No. _____　　New Serial No. _____

Double Check Assembly

Initial Test	Outlet Valve		Pass ☐ Fail ☐
	1st Check Valve	___psid	Pass ☐ Fail ☐
	2nd Check Valve	___psid	Pass ☐ Fail ☐

Reduced Pressure Assembly

1st Check Valve	___psid	Pass ☐ Fail ☐
Relief Valve Opening Point	___psid	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

Pressure Vacuum Breaker

Air Inlet Valve	___psig	Pass ☐ Fail ☐
Check Valve	___psig	Pass ☐ Fail ☐

Double Check Assembly

| Re-Test After

Repairs

Date _____	Outlet Valve		Pass ☐ Fail ☐
	1st Check Valve	___psid	Pass ☐ Fail ☐
	2nd Check Valve	___psid	Pass ☐ Fail ☐

Reduced Pressure Assembly

1st Check Valve	___psid	Pass ☐ Fail ☐
Relief Valve Opening Point	___psid	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

Pressure Vacuum Breaker

Air Inlet Valve	___psig	Pass ☐ Fail ☐
Check Valve	___psig	Pass ☐ Fail ☐

TESTER CERTIFICATION:　*I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) _____　**Signature** _____　**Phone No.** _____

Company Name _____　**Cert. No.** _____　**Exp Date** _____

Company Address _____　**City** _____　**State** _____　**Zip** _____

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 proper authorization. All defects found during the operating period or during testing were corrected without delay.*

** Have there been any changes in the last 12 months on your premise that could cause any hazard to the public water system?

　　Yes ☐　　No ☐　　If yes, explain _____

Owner/Officer (Printed) _____　Signature _____　Phone No. _____

Title: _____ Date: _____