



City of Fairfield Public Utilities Department Water Division  
**Backflow Prevention Assembly Test & Maintenance Report**

5021 Groh Lane Fairfield, OH 45014 (513) 858-7775 backflow@fairfieldoh.gov

**ACCOUNT INFORMATION**

Location Name		
Contact Name	Contact Email	Phone
Service Address		
Protection Type	Location Service Type	

**ASSEMBLY INFORMATION**

Device Type	Make	Model	Size	Serial Number	Install Date
Location					

**TESTING & MAINTENANCE**

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight Leaked	<b>#1</b>	<b>#2</b>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened Fully		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked			<input type="checkbox"/> Leaked			
<b>REPAIR</b>	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned			
	Replaced:	Replaced:	Replaced:	Replaced:			
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc			
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring			
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc			
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring			
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float			
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm			
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit			
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other			
<b>Final Test</b>	_____ PSID	_____ PSID	Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID			
Line Pressure at Time of Test		Test Date		Test Result			
Remarks							

**TESTER ATTESTATION, TEST KIT INFORMATION & TEST RESULTS**

<input type="checkbox"/> The above report is certified to be true.			
Gauge Make	Model	Gauge No.	Calibration Date
Tester Name	Testing Company Name		Cert. No.
Tester Email			