



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			
Initial Test	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Opened Fully <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	<input type="checkbox"/> #1	<input type="checkbox"/> #2	
R E P A I R	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other				
Final Test	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	
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.	
Tester Name		Testing Company Name			Cert. No.
Tester Email					