



The City of Niles, Ohio

Backflow Prevention Program

The City of Niles
34 West State Street
Niles, OH 44446

TEST & MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES- Return to the City of Niles, OH

IN ACCORDANCE WITH OHIO ADMINISTRATIVE CODE SEC. 3745-95-06 AND NILES CITY ORDINANCE 921.07

FACILITY NAME _____ ADDRESS _____ DATE _____

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 _____ (LIST MAKE, MODEL AND SERIAL NUMBER OF PREVIOUS DEVICE) <input type="checkbox"/> NEW INSTALLATION					
INSTALLATION TYPE <input type="checkbox"/> CONTAINMENT					
SYSTEM TYPE	<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> IRRIGATION	WATER METER SERIAL NO. _____ (DOMESTIC AND IRRIGATION ACCOUNTS ONLY)		
	<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	INITIAL TEST	CHECK VALVE 1 _____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	CHECK VALVE 2 _____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	RELIEF VALVE OPENING POINT (RP DEVICES ONLY) _____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	OUTLET VALVE <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		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
LINE PRESSURE _____ PSI					
DESCRIBE ANY REPAIRS OR PROVIDE ADDITIONAL COMMENTS HERE					

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

SIGNATURE _____ PRINT _____ COMPANY NAME _____

OHIO CERTIFICATE NO. _____ CERTIFICATE EXPIRES _____ PHONE _____ DATE _____

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.

SIGNATURE _____ PRINT _____ TITLE _____

DATE _____ PHONE _____ EMAIL _____

