



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	CHECK VALVE 2	RELIEF VALVE OPENING POINT	OUTLET VALVE
		PSID	PSID	(RP DEVICES ONLY)	PSID
LINE PRESSURE _____ PSI	RE-TEST AFTER ANY REPAIRS	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			

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 _____

