

Municipality of Carlisle
Service Department
474 Fairview Drive
Carlisle, OH 45005

Date Received

**ANNUAL TEST AND MAINTENANCE REPORT
BACKFLOW PREVENTION DEVICE**

Owner: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker

Manufacturer: _____ Model: _____ Size: _____

Serial # _____ Location: _____

TEST REPORT

Line Pressure psi	Check Valve # 1	Check Valve # 2	Differential Pressure Relief Valve
Initial Test	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened At _____ psi Reduced Pressure
Repairs			
Material			
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ psi Reduced Pressure

Certification

I certify that the foregoing test report is correct: Signature: _____

Date: _____ Cert # _____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Owner's Certification

I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of the assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner / Agent: _____ Title: _____ Date: _____