

CANTON WATER DEPARTMENT ENGINEERING OFFICE

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REPORT OF INSPECTIONS, TEST AND MAINTENANCE

Assembly Information

Unit No.: _____

Make: _____

Model: _____

Size: _____

Serial Number: _____

Date Installed: _____

Existing Unit New Unit Replacement

Company: _____

Device Location: _____

Device Address: _____

City, State Zip: _____

Installation Info Containment

Isolation

System Protected Domestic

Fire Line Lawn Irrigation

Date of Test: _____

Boiler Old Serial No. _____ New Serial No. _____

Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2nd Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	___psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	___psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Double Check Assembly

Re-Test After	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Repairs	2nd Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date _____			

Reduced Pressure Assembly

1st Check Valve	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	___psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	___psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	___psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

TESTER CERTIFICATION:

I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) _____

Signature _____ Phone No. _____

Company Name _____

Cert. No. _____ Exp Date _____

Company Address _____

City _____ State _____ Zip _____

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 proper authorization. All defects found during the operating period or during testing were corrected without delay.

** Have there been any changes in the last 12 months on your premise that could cause any hazard to the public water system?

Yes No If yes, explain _____

Owner/Officer (Printed) _____

Signature _____ Phone No. _____

Title: _____ Date: _____