

**Bryan Municipal Utilities**

841 E. Edgerton St. Bryan, OH 43506

Phone: 419-633-6160

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Email: water @cityofbryan.com

# Backflow Prevention Assembly Test Report



Mailing Address:		Service Address Information:	
Company: _____		Name: _____	
Name: _____		Address: _____	
Address: _____		City, State: _____	
City: _____		Backflow Device Information:	
State: _____		Serial #: _____	
Zip Code: _____		Manufact.: _____	
		Model: _____	
		Size: _____	
		Type: _____	
		Location: _____	
Hazard Type:			
Containment:	Isolation:		
X			

	<b>Reduced Pressure Principle Assembly</b>			
	<b>Double Check Valve Assembly</b>			
	<b>Check Valve #1:</b>	<b>Check Valve #2:</b>	<b>Relief Valve:</b>	<b>PVB/SVB:</b>
<b>Initial Test</b>	Leaked: <input type="checkbox"/> Closed Tight: <input type="checkbox"/> Held at _____ PSID.	Leaked: <input type="checkbox"/> Closed Tight: <input type="checkbox"/> Held at _____ PSID.	Did not Open: <input type="checkbox"/> Opened at _____ PSID.	Air Inlet: Did not Open: <input type="checkbox"/> Opened at _____ PSID.
<b>Repairs</b>	Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/>	Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/>	Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/>	<b>Check Valve:</b> Leaked: <input type="checkbox"/> Held at _____ PSID.
<b>Details</b>				Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/>
<b>Final Test</b>	Closed Tight: <input type="checkbox"/> Held at _____ PSID.	Closed Tight: <input type="checkbox"/> Held at _____ PSID.	Opened at _____ PSID.	<b>Air Inlet:</b> Opened at _____ PSID.
				<b>Check Valve:</b> Held at _____ PSID.

<b>Comments:</b>		Line Pressure: _____
		Meter Reading: _____
		Held Backpressure: _____
		#2 Shutoff: _____
I hereby certify that the above data is correct and that the backflow device is working properly.		Relief Valve Exercised: _____

	Date:	Tester/Signature:	Tester #:	Test Kit:	Pass	Fail
<b>Initial Test:</b>					<input type="checkbox"/>	<input type="checkbox"/>
<b>Repairs:</b>					<input type="checkbox"/>	<input type="checkbox"/>
<b>Final Test:</b>					<input type="checkbox"/>	<input type="checkbox"/>

**A Copy of this test must be submitted to Bryan Municipal Utilities by the owner on or before the test due date.**  
 Mail: 841 East Edgerton Street Bryan, OH, 43506 (Attn: Backflow Rep) Fax: 419-633-6165 email: water@cityofbryan.com