



Village of Monroeville
136 Monroe St
Monroeville, Ohio 44847

Ph 419-465-4182 ~ Fax 419-465-4637

TEST AND MAINTENANCE REPORT

BACKFLOW PREVENTION DEVICE

Date Installed: _____ Plumber: _____

Name: _____ Device ()RP ()DC ()PVB ()RPDC ()DCDC

Address: _____ Make & Model No.: _____

City-Zip: _____ Size: _____

Phone: _____ Serial No. _____

Device Location: _____

On (Check one) ()Domestic ()Fire ()Irrigation ()Isolation **Gauge Calibration date** _____

Owner's Certification: The device has been in constant use at this location in a manner approved by the Water Department. During the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative, or removed with authorization. All defects found during tests of the device were corrected without delay.

Owner/Tenant: _____ Title: _____

Signature

Test Report	Check Valve #1	Check Valve #2	Relief Valve	PVB
Initial Test	Leaked () Appears tight () Psid: _____	Leaked () Appears tight () Psid: _____	Opened at: Psid: _____	Air inlet valve Psid: _____ Pass () Fail ()
Describe repair & material used			Outlet Valve Pass () Fail ()	
Final Test	Appears tight ()	Appears tight ()	Opened at: Psid: _____	Check valve Psid: _____ Pass () Fail ()

CERTIFICATION: I hereby certify that the above testing was performed by me and the information is correct.

_____ () PASSED THE TEST () FAILED THE TEST
 Print Name

_____ CERT. NO. _____ DATE: _____
 Tester's Signature

Company Name: _____ Phone: _____

Forward **ORIGINAL** test report to:

Village of Monroeville
 Backflow Prevention
 136 Monroe St
 Monroeville, OH 44847

ORIGINAL