

# City of North Ridgeville

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Please return report to: email: [backflowreports@nridgeville.org](mailto:backflowreports@nridgeville.org)  
**City of North Ridgeville**  
**Engineering Division**  
**7307 Avon Belden Road**  
**North Ridgeville, Ohio 44039**

NAME OF PREMISE: \_\_\_\_\_ Commercial  Residential

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

DOWNSTREAM PROCESS: \_\_\_\_\_ DCVA  RPBA  PVBA  OTHER: \_\_\_\_\_

NEW INSTALLATION  EXISTING  REPLACEMENT - OLD ASSEMBLY SERIAL NUMBER: \_\_\_\_\_

MAKE OF ASSEMBLY: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_ SIZE: \_\_\_\_\_

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____PSID	OPENED AT _____PSID #1 CHECK _____PSID AIR GAP OK?	OPENED AT _____PSID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____PSID	CLOSED TIGHT <input type="checkbox"/> _____PSID	OPENED AT _____PSID #1 CHECK _____PSID	AIR INLET _____PSID CHK VALVE _____PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes  No  Detector Meter Reading: \_\_\_\_\_

REMARKS: \_\_\_\_\_

TESTER'S SIGNATURE: \_\_\_\_\_ CERT. NO.: \_\_\_\_\_ LINE PRESSURE: \_\_\_\_\_  
TEST DATE: \_\_\_\_\_

TESTER'S NAME PRINTED: \_\_\_\_\_ TESTERS PHONE #: ( ) \_\_\_\_\_

COMPANY NAME & ADDRESS: \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ CERT. NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

GAGE CALIBRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ WATER SERVICE RESTORED: YES  NO   
GAGE CALIBRATION SERIAL NO.: \_\_\_\_\_

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Email report to: [backflowreports@nridgeville.org](mailto:backflowreports@nridgeville.org)

**North Ridgeville City Hall, Engineering Division \*\*\*\* PH 440-490-2084 \*\*\*\***