

Annual Test and Maintenance Report for Backflow Prevention Assemblies

CITY OF BRIDGEPORT

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304-842-8231

515 W. Main Street
Bridgeport, WV 26330

Facility Name: _____ Address: _____
Contact Person: _____ Phone: _____

Assembly Information

Make: _____
Model: _____
Size: _____
Serial Number: _____

Containment

Meter Pit Basement Floor # _____
Penthouse Boiler Room Room # _____
Mechanical Rm Protection Provided: _____

Isolation

DOUBLE CHECK ASSEMBLY			REDUCED PRESSURE ASSEMBLY			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass Fail	1st Check Valve	____psid Pass Fail	Pass Fail	Air Inlet Valve	____psig Pass Fail	Pass Fail
	Date:	1st Check Valve	____psid Pass Fail	Relief Valve Opening Point	____psid Pass Fail	Pass Fail	Check Valve	____psig Pass Fail
	2nd Check Valve	____psid Pass Fail	2nd Check Valve	____psid Pass Fail	Pass Fail			
			Outlet Valve	____psid Pass Fail	Pass Fail			

Repairs & Materials Used			
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DOUBLE CHECK ASSEMBLY			REDUCED PRESSURE ASSEMBLY			PRESSURE VACUUM BREAKER		
RETEST	Outlet Valve	Pass Fail	1st Check Valve	____psid Pass Fail	Pass Fail	Air Inlet Valve	____psig Pass Fail	Pass Fail
	AFTER	1st Check Valve	____psid Pass Fail	Relief Valve Opening Point	____psid Pass Fail	Pass Fail	Check Valve	____psig Pass Fail
REPAIRS								
DATE:	2nd Check Valve	____psid Pass Fail	2nd Check Valve	____psid Pass Fail	Pass Fail			
			Outlet Valve	____psid Pass Fail	Pass Fail			

TESTER CERTIFICATIONS: *I certify the above data is correct and that the backflow preventer is in proper working condition.*
 Tester Name (Printed) _____ Signature _____
 Company Name _____ Phone _____ Date _____
 WV Certification Number _____ City of Bridgeport Business License _____

NOTE: All businesses doing work in the City of Bridgeport must have a current City of Bridgeport Business License. If you do not have a city license, please contact the Finance Department at 304-842-8230. Test reports submitted without the license number will be rejected.

Comments: _____

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. I further certify that I have the authority and responsibility to ensure the above.
 Owner/Officer (Print) _____ Signature _____
 Title _____ Phone No. _____ Date _____