



**VILLAGE OF JAMESTOWN BACKFLOW
PREVENTION TESTING FORM**

84 SEAMANDR. JAMESTOWN, OHIO 45335

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CHECK # _____

PLEASE CHECK THE APPROPRIATE BOXES: NEW DEVICE ANNUAL TEST BUSINESS

NAME: _____

PROPERTY ADDRESS: _____

CONTACT PERSON: _____ PHONE # _____

DEVICE INFORMATION

Containment ()
Isolation ()
Irrigation ()
Fire ()

SIZE _____ MAKE _____ MODEL _____ SERIAL # _____

LOCATION OF DEVICE _____

DATE OF TEST _____ **TEST INFORMATION**

	Reduced Pressure Assembly _____		Relief Valve	Pressure Vacuum Breaker _____	
	Double Check Valve			Air Inlet	Check Valve
	1 st Check	2 nd Check			
Test Results	Leaked () Closed Tight ()	Leaked () Closed Tight ()	opened at _____ psi didn't open <input type="checkbox"/>	opened at _____ psi didn't open <input type="checkbox"/>	held at _____ psi leaked <input type="checkbox"/>
	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repair	Leaked () Closed Tight ()	Leaked () Closed Tight ()	opened at _____ psi didn't open <input type="checkbox"/>	opened at _____ psi didn't open <input type="checkbox"/>	held at _____ psi leaked <input type="checkbox"/>
	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Test Performed by: _____

Name (Print)

Certified Tester #

Plumbing Company (Print)

Certification Expiration

Telephone Number