

City of North Canton  
 Water Treatment Plant  
 7300 Freedom Avenue N.W.  
 North Canton, OH 44720  
 Phone 330.499.3801  
 Fax 330.966.3627

**Test and Maintenance Report for Backflow Preventer Assemblies**

Test Date: \_\_\_\_\_ Account No. \_\_\_\_\_  
 \_\_\_\_\_ (Office Use Only)  
 Facility Name \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Contact \_\_\_\_\_

Assembly Information			
Annual _____	Replace _____	Repair _____	Failure _____
RP _____	Serial No. _____	Size _____	
DC _____	Make _____	New Install _____	
Other _____	Model _____	Location _____	
Containment _____	Isolation _____	System Type _____	

Test Results				
Passed _____	Line Pressure _____ psi			
Failed _____	Test Before Repair	Check Valve No. 1	Check Valve No. 2	Relief Valve
		Leaked _____	Leaked _____	Opened at _____
	Final Test	Closed Tight _____	Closed Tight _____	Opened at _____ psid

Certification - Tester I hereby certify that I have personally tested the above backflow prevention assembly, that the assembly is in proper operating condition, and that the above data is correct.

Tester (signature): \_\_\_\_\_ Ohio Cert. No: \_\_\_\_\_  
 Tester (print): \_\_\_\_\_ Cert Expires: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certification - Facility I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Officer (signature): \_\_\_\_\_ Title: \_\_\_\_\_  
 Owner/Officer (print): \_\_\_\_\_ Date: \_\_\_\_\_