

CITY OF HAMILTON  
ANNUAL INSPECTION AND TEST REPORT  
BACKFLOW PREVENTION DEVICES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Tested: \_\_\_\_\_

**Backflow Preventer**

New Device  Existing Device

Serial Number: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Size: \_\_\_\_\_

Location of Device: \_\_\_\_\_

Type

- RP
- DC
- DDC
- AG
- VB
- Low Suction  
Cut Off Swith

Line Pressure _____ psi	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Test Before Repairs	Leaked ( ) Closed ( )	Leaked ( ) Closed ( )	Opened @ ____psi (Reduced Pressure)
Describe Repairs			
Materials Used			
Final Test	Closed ( )	Closed ( )	Opened @ ____psi (Reduced Pressure)

**CERTIFICATION (Tester)**

I hereby certify the above information to be correct and that the above backflow prevention device is in proper operating condition.

Tester: \_\_\_\_\_ ODH Certification No. \_\_\_\_\_ State Fire Marshall Cert. No. \_\_\_\_\_ (DDC ONLY)

Signature of Property Representative: \_\_\_\_\_

White - City Copy

Canary - Owner

Pink - Tester Copy