



Existing New Replacement

Replaces SN# _____
Serial Number _____
Map Page _____

PWS ID:

(513) 425-7906

Contact Name _____

Assembly Location Information

Facility Name _____ X_Facility ID _____
Service Address _____ Zip: _____ Phone: _____

Property Information

Mailing Name _____
Address 1 _____
City/ST/Zip _____ ST: _____ Zip: _____ Telephone _____

Assembly Information

PVB SVB DC DCDA RP RPDA Air Gap Other
Size: _____ Mfg: _____ Model: _____

Assy Location _____
Hazard Type _____

Water Turn Off Authorization: (Print) _____ Time: _____

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes? Yes No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at	Held at
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Did not Open	_____ PSID <input type="checkbox"/> Leaked
Repairs and Materials Used					
Final Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: Manufacturer/Model: _____ SN: _____ Date Tested for Accuracy: _____

Remarks _____
 USC 10th Edit.

The above is certified to be true at the time of testing:

Tester Name: _____ Company Name: _____
Company Address: _____ Phone #: _____
Test Acknowledged By: _____ Certified Tester #: _____
Service Restored: Yes No

Company Name

Address

CCBFID#