

VILLAGE OF OXFORD  
 Building Services Department  
 22 West Burdick, P.O. Box 94,  
 Oxford, MI 48371-0094  
 248-628-2543

THE VILLAGE OF



**Backflow Assembly Test Report**

Test Year 20 \_\_\_\_

As owner of the property listed below, by checking the box, I hereby declare that there is not an underground sprinkler system installed on this property, and there are no testable assemblies on a boiler or water powered sump pump.

Applicant \_\_\_\_\_  
 Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Owner \_\_\_\_\_  
 Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Assembly Make \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_  
 Application \_\_\_\_\_  
 Location \_\_\_\_\_ Height Above Floor or Ground \_\_\_\_\_ Ft.

Assembly Properly Installed?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		<b>ALL PSID READINGS MUST BE RECORDED</b>			
FIRST TEST DATE - -		Pass <input type="checkbox"/>		Fail <input type="checkbox"/>		Test Time		Supply Line Static Pressure	
Test Gauge Make		Model		Serial		Last Annual Certification - -			
Status of Shutoff Valves During Test		#1	#2	Check #1		Check #2		Relief	
Closed Tight		<input type="checkbox"/>	<input type="checkbox"/>	RP >>					
Leaked		<input type="checkbox"/>	<input type="checkbox"/>						
Not Applicable		<input type="checkbox"/>	<input type="checkbox"/>	#2 Check Valve Confirmation Test >					
Status of Shutoff Valves		Before		After					
		#1	#2	#1	#2				
Valves On		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Valves Off		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						Pressure Vacuum Breaker Air Inlet P <input type="checkbox"/> F <input type="checkbox"/> Check P <input type="checkbox"/> F <input type="checkbox"/> 1-Hose PSID _____ 1-Hose PSID _____ 2-Hose Direction of Flow Check Valve Test PSID _____ Air Inlet Fully Open? Yes <input type="checkbox"/> No <input type="checkbox"/> Piping Backpressure? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**ALL FAILED ASSEMBLIES MUST BE REPAIRED OR REPLACED WITHIN 15 DAYS BY A LICENSED PLUMBING CONTRACTOR**

FIRST TEST DATE - -		Pass <input type="checkbox"/>		Fail <input type="checkbox"/>		Test Time		Supply Line Static Pressure	
Test Gauge Make		Model		Serial		Last Annual Certification - -			
Status of Shutoff Valves During Test		#1	#2	Check #1		Check #2		Relief	
Closed Tight		<input type="checkbox"/>	<input type="checkbox"/>	RP >>					
Leaked		<input type="checkbox"/>	<input type="checkbox"/>						
Not Applicable		<input type="checkbox"/>	<input type="checkbox"/>	#2 Check Valve Confirmation Test >					
Status of Shutoff Valves		Before		After					
		#1	#2	#1	#2				
Valves On		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Valves Off		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						Pressure Vacuum Breaker Air Inlet P <input type="checkbox"/> F <input type="checkbox"/> Check P <input type="checkbox"/> F <input type="checkbox"/> 1-Hose PSID _____ 1-Hose PSID _____ 2-Hose Direction of Flow Check Valve Test PSID _____ Air Inlet Fully Open? Yes <input type="checkbox"/> No <input type="checkbox"/> Piping Backpressure? Yes <input type="checkbox"/> No <input type="checkbox"/>			

The assembly listed above was tested in accordance with applicable standards and the results were true at the time of testing.

Testing Co. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tester's Name \_\_\_\_\_ Tester Signature \_\_\_\_\_  
 Backflow Cert # \_\_\_\_\_ MI Plumbing License # \_\_\_\_\_ Plumbing Contractor License # \_\_\_\_\_

**ONLY LICENSED PLUMBERS WORKING FOR LICENSED PLUMBING CONTRACTORS ARE ALLOWED TO TEST BACKFLOW ASSEMBLIES**

Michigan Codes require owners, occupants, and agents to have all plumbing systems maintained in proper operating condition. Periodic testing of backflow assemblies is required by the Michigan Plumbing Code and the State of Michigan DEQ to protect the water supply. There is no guarantee that this assembly will continue to operate because mechanical failure or contaminants in the water could cause the assembly to fail at any time.