



PREVENT. PROMOTE. PROTECT.

BACKFLOW TEST SHEET

- INSTRUCTIONS:**
1. Provide information for the property owner, device, test form, and tester.
 2. Sign the form.
 3. Select payment type. Make a check or money order payable to: **HCGHD**
 4. Return completed form and payment (\$25 per device) to:

Mailing Address:
 Hamilton County Public Health
 250 William Howard Taft Road, 2nd Fl
 Cincinnati, Ohio 45219

PLEASE PRINT

Property Owner:		Property Owner Email Address:	
Property Owner Address:		City / State:	Zip Code:
Device Street Address:		Device Zip Code:	
Description of Device Location:		Device Serial #:	
Manufacturer:	Water Line Size:	Device Type:	

Is this device part of an irrigation system? Yes No

Is this device on a fire main? Yes No

Is this device a: Isolation Containment

Test Date:

Please select the device type and complete test information:

Double Check Assembly (ASSE 1015)
 Reduced Pressure Assembly (ASSE 1013)
 Pressure Vacuum Breaker (ASSE 1020)

Initial Test		psid		
		Pass	Fail	
	Outlet Valve			
	1st Check Valve			
	2nd Check Valve			

		psid		
		Pass	Fail	
	1st Check Valve			
	Relief Valve Opening Point			
	2nd Check Valve			
	Outlet Valve			

		psid		
		Pass	Fail	
	Air Inlet Valve			
	Check Valve			

Re-Test		psid		
		Pass	Fail	
	Outlet Valve			
	1st Check Valve			
	2nd Check Valve			

		psid		
		Pass	Fail	
	1st Check Valve			
	Relief Valve Opening Point			
	2nd Check Valve			
	Outlet Valve			

		psid		
		Pass	Fail	
	Air Inlet Valve			
	Check Valve			

Repairs and Materials Used:

Tester Name:		State Backflow Certification #:	Expiration Date:
Contractor / Company:		Work Phone #:	Cell Phone #:
Tester Signature		Tester Email:	

Payment Type: Check Escrow # _____ Credit Card (credit card company may add additional fee)

Card Number:	Expiration Date:	CVN:
Cardholder Name:	Cardholder Phone Number:	Total Fee (\$25 per device): \$
Cardholder Address:	City / State:	Zip Code:

FOR OFFICE USE ONLY:

Payment Processed By:	Amount Received:	Receipt Number:
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