HAMILTON COUNTY
PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

BACKFLOW TEST SHEET

Instruction:
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: HCPH
4: Return completed form and payment ($30.00 per device) to:

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

Property Owner	**Property Owner Email Address**	
Property Owner Address	**City / State** ,	**Zip Code**
Company Name	**Device Serial**	
Device Address ,		**Zip Code**
Description of Device Location		
Device Type / ASSE Number	**Water Line Size**	**Device Manufacturer**

Is this device part of an irrigation system? ☐ Yes

Is this device part on a fire main? ☐ Yes

Is this device a: ☐ Containment ☐ Isolation

Test Date _____

Please select the device type and complete test information.

Double Check Assembly (ASSE 1015) ☐

	PSID	Pass	Fail
Outlet Valve			
1st Check Valve			
2nd Check Valve			

Reduce Pressure Assembly (ASSE 1013) ☐

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

Pressure Vacuum Break (ASSE 1020) ☐

	PSID	Pass	Fail
Air Inlet Valve			
Check Valve			

Repairs and Materials Used:		
Tester Name:	State Back Flow Certification:	Expiration Date:
Contractor / Company:	Work Phone No:	Cell Phone No:
Tester Signature:	Tester Email:	

Check ☐ Credit Card (credit card company may charge an additional fee) ☐ Escrow # _____

Credit Card Number:	Expiration Date:	CVN:
Cardholder Name:	Cardholder Phone Number	Total Fee ($30 per device):
Cardholder Address:	City	State / Zip Code

FOR OFFICE USE ONLY

Processed By:	Amount:	Reciept Number: