HAMILTON COUNTY PUBLIC HEALTH

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: **HCPH**
4. Return completed form and payment ($30 per device) to:

Mailing Address:
Hamilton County Public Health
1701 Patricia McCollum Way, Dept 93
Cincinnati, Ohio 45237

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)

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

☐ Reduced Pressure Assembly (ASSE 1013)

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

☐ Pressure Vacuum Breaker (ASSE 1020)

	psid	Pass	Fail
Air Inlet Valve			
Check Valve			

☐ Pressure Vacuum Breaker (ASSE 1056)

	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 ($30 per device): $
Cardholder Address:	City / State:	Zip Code:

FOR OFFICE USE ONLY:

Received date:	Paid Date:	Receipt Number:

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