



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, OH 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)

☐ 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			

☐ Pressure Vacuum Breaker (ASSE 1056)

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

FOR OFFICE USE ONLY:

Received date:	Paid Date:	Receipt Number:
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