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: **HCGHD**
4. Return completed form and payment ($25 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 Street Address:	Device Zip Code:
Description of Device Location:	
Device Type / ASSE Number: /	Water Line Size: Manufacturer:

Is this device part of an irrigation system? ○ Yes ○ No

Is this device a: ○ Isolation ○ Containment

Please select the device type and complete test information:

Is this device on a fire main? ○ Yes ○ No

Test Date

☐ Double Check Assembly (ASSE 1015)

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

☐ Reduced Pressure Assembly (ASSE 1013)

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

☐ Pressure Vacuum Break (ASSE 1020)

	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 (Complete Below)   ☐ Cash (In person only)

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:

Rev 12/10/2011 HCPH