



**HAMILTON COUNTY
PUBLIC HEALTH**

Backflow Test Sheet

250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219 • 513.946.7800
hamiltoncountyhealth.org

DEVICE LOCATION: _____

OWNER LOCATION: _____

DEVICE INFORMATION:

SERIAL #: _____

Manufacturer: _____

DATE OF TEST _____

Model: _____ TOWNSHIP: _____

Irrigation/Isolation? _____

Reduced Press?: _____

Exact Location of Device: _____

Containment? _____

Double Check?: _____

Isolation? _____

Press.Vac.Break?: _____

Isolation/Fire Main _____

Water Line Size: _____

Line Pressure _____ PSI	Double Check Valve Assembly #2 Check Valve C <input type="checkbox"/> L <input type="checkbox"/> #1 Check Valve C <input type="checkbox"/> L <input type="checkbox"/>		Pressure Vacuum Breaker		
Initial Test	Reduced Pressure Principle Assembly 1st Check C <input type="checkbox"/> L <input type="checkbox"/> PSID _____ 2nd Check C <input type="checkbox"/> L <input type="checkbox"/> PSID _____		Relief Open _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet Open _____ PSID Did Not Open <input type="checkbox"/>	Check C <input type="checkbox"/> L <input type="checkbox"/> PSID _____
Repair Remarks			If Replaced Old Serial Number _____ New Serial Number _____		
If Repair Final Test	1st Check C <input type="checkbox"/> L <input type="checkbox"/> PSID _____ 2nd Check C <input type="checkbox"/> L <input type="checkbox"/> PSID _____		Relief Open _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet Open _____ PSID Did Not Open <input type="checkbox"/>	Check C <input type="checkbox"/> L <input type="checkbox"/> PSID _____
Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Notes _____				

CERTIFICATION (Tester)

I hereby certify the above test date to be correct and that the above backflow prevention device is in proper operating condition.

TESTER (Signature): _____ State Backflow Certification #: _____

TESTER (Printed): _____ Work Phone #: _____ Exp. Date: _____

Company Name: _____

OWNER/REPRESENTATIVE (Signature): _____ Date: _____

TEST RESULTS AND ANNUAL FEE OF \$25.00 (FOR EACH DEVICE) MUST BE REMITTED TO THE ADDRESS ABOVE:

Type of Payment Discover Card Check Escrow No. _____