



**Annual Test & Maintenance Report for
Backflow Prevention Assemblies**

License# _____

Clermont County Public Health

Prevent. Promote. Protect.

| | | | | |
|-----------------------------|---------------------|--------------------------------|-----------------------------|------------------------------|
| Facility Name: _____ | | Facility Address: _____ | | |
| Assembly Information | Model: _____ | Make: _____ | Serial Number: _____ | Water Provider: _____ |
| | Size: _____ | Type: _____ | Location: _____ | |

*****Signature Required*****

Tester Certification: *I hereby certify that the information below is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed): _____ *Signature: _____

Tester Phone Number: _____

Company Name: _____ Ohio Cert. No: _____ Date: _____

*Please remit \$25.00 backflow certification fee with test sheet to:
Clermont County Public Health, 2275 Bauer Rd., Suite 300, Batavia, OH 45103*

Double Check Assembly

| | | | | |
|----------------------|------------------------|---------|-------------------------------|-------------------------------|
| Initial Test | Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | 1st Check Valve | ___psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Date _____ | 2nd Check Valve | ___psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | | |
|-----------------------------------|---------|-------------------------------|-------------------------------|
| 1st Check Valve | ___psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Relief Valve opening Point | ___psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| 2nd Check Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | | |
|------------------------|---------|-------------------------------|-------------------------------|
| Air Inlet Valve | ___psig | | |
| Check Valve | ___psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

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|-------------------------------------|--|
| Repairs & Materials Used | |
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|------------------------------|------------------------|---------|-------------------------------|-------------------------------|
| Re-Test After Repairs | Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | 1st Check Valve | ___psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Date _____ | 2nd Check Valve | ___psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

| | | | |
|-----------------------------------|---------|-------------------------------|-------------------------------|
| 1st Check Valve | ___psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Relief Valve opening Point | ___psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| 2nd Check Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

| | | | |
|------------------------|---------|-------------------------------|-------------------------------|
| Air Inlet Valve | ___psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Check Valve | ___psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

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