



**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"/>

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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