ERIE COUNTY
BACKFLOW ANNUAL TEST & MAINTENANCE REPORT

PLEASE PRINT CLEARLY AND RETURN COMPLETED FORM AND CHECK TO: ***Erie County Health Dept.; 420 Superior St.; Sandusky, OH 44870***

(SEE BACKSIDE FOR INSTRUCTIONS ON "HOW TO COMPLETE THIS FORM")

FACILITY/RESIDENT NAME		**STREET #**	**STREET NAME**
SUITE / BLDG / UNIT #	**CITY**	**STATE**	**ZIP**
FACILITY/RESIDENT PHONE	**FACILITY/RESIDENT FAX**		**CONTACT NAME (print)**
NAME OF MAINTENANCE COMPANY/ PERSON RESPONSIBLE FOR BACKFLOW PROGRAM	**EMAIL ADDRESS OR MAILING ADDRESS:**		**PHONE #**

ASSEMBLY INFO		**INSTALLATION INFO – *SELECT ALL AVAILABLE INFO***				
☐ **NEW** ☐**EXISTING**		☐CONTAINMENT ☐ ISOLATION				
Serial #		☐ DOMESTIC ☐ IRRIGATION/NON-SEWER/SPRINKLER			☐ FIRE PROTECTION ☐ FIRE DETECTOR	
Make		☐ Meter Pit ☐ Penthouse	☐ Basement ☐ Boiler Room	☐ Mechanical Room ☐ Restroom	Floor # _____ Room # _____	
Model						
Size		System Pressure:	INLET	OUTLET		
Type of Device ASSE	☐ 1013	☐ 1015	☐ 1020	☐ 1047	☐ 1048	☐ 1056

Specific Device Location/Other Info:

INITIAL TEST INFO

(Forward failed reports to ECHD if device cannot be repaired immediately and call Chris at 419-626-5623, Ext. 5209.

TEST DATE		
DOUBLE CHECK ASSEMBLY		
Outlet Valve		Pass ☐ Fail ☐
1st Check Valve	psig	Pass ☐ Fail ☐
2nd Check Valve	psig	Pass ☐ Fail ☐

TEST DATE		
REDUCED PRESSURE ASSEMBLY		
1st Check Valve	psig	Pass ☐ Fail ☐
Relief Valve Opening Point	psig	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

TEST DATE		
PRESSURE VACUUM BREAKER		
Air Inlet Valve	psig	Pass ☐ Fail ☐
Check Valve	psig	Pass ☐ Fail ☐

RETEST INFO

DOUBLE CHECK ASSEMBLY			
RE-TEST DATE _____	Outlet Valve		Pass ☐ Fail ☐
	1st Ck Valve	psid	Pass ☐ Fail ☐
	2nd Ck Valve	psid	Pass ☐ Fail ☐

REDUCED PRESSURE ASSEMBLY		
1st Check Valve	psid	Pass ☐ Fail ☐
Relief Valve Opening Point	psid	Pass ☐ Fail ☐
2nd Ck Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

PRESSURE VACUUM BREAKER		
Air Inlet Valve	psig	Pass ☐ Fail ☐
Check Valve	psig	Pass ☐ Fail ☐

ADDITIONAL RETEST INFO: Enter new device # if applicable. Enter repairs and materials used:

TESTER CERTIFICATION

IS THERE A FLOOR DRAIN NEAR BY: ☐ YES ☐ NO **DISCLAIMER**: If there is a floor drain, it may not be adequately sized or clear of any blockage to allow for proper drainage to handle discharge of the backflow device(s). We have not inspected the drain for blockage or if it is properly sized to handle the backflow discharge. We have not inspected the sump pump for proper operation.

I certify: 1) I have thoroughly completed the above data and it is correct; 2) The backflow prevention device is in proper working condition; 3) If the device is marked "Failed", it is my responsibility to immediately report the malfunction to the Erie County DOES; 4) If these guidelines are not followed, incomplete reports may warrant denial of future testing and may result in revoking my Erie County registration.

TESTER (Printed) NAME		**Signature**	
COMPANY		**Cell Phone #**	
Erie County Registration No.	**OH DEPT COMMERCE CERT. #**		**EXPIRE DATE:**

FOR TESTER (SELECT APPROPRIATE FEE TYPE)

- ☐ COMMERCIAL FEE FOR FIRST DEVICE: $20.00
- ☐ ADDITIONAL COMMERCIAL DEVICE FEE: $10.00
- ☐ CONDOMINIUM FEE PER METER PIT: $20.00
- ☐ ADDITIONAL CONDOMINIUM FEE: $10.00
- ☐ RESIDENTIAL FEE: $10.00

FOR ERIE COUNTY USE ONLY:

☐ CASH ☐ CK# _____ AMT PD: $_____

SENT TO BILLING: _____ INITIALS: _____

APPROVED BY: _____

APPROVED DATE: _____

HOW TO COMPLETE
THE "BACKFLOW ANNUAL TEST & MAINTENANCE REPORT

SECTION #1:
Enter facility name, street number and street name.
Enter suite, building or unit #, city, state and zip.
Enter facility/resident phone #, fax # and contact name.
Enter name of Maintenance Company/Corporate contact responsible for backflow program, their email address and their phone #.

SECTION #2 – ASSEMBLY INFO:
Check appropriate box: NEW or EXISTING.
Enter device serial #, make, model, size.
Enter system pressure: Inlet / Outlet.
Enter Type of ASSE Device.
Enter specific device location/other info.

SECTION #2 – INSTALLATION INFO – SELECT ALL AVAILABLE INFO:
Select either CONTAINMENT or ISOLATION.

Select ONE of the following: Domestic, Irrigation/Non-Sewer/Sprinkler, Fire Protection or Fire Detector.

Check all appropriate boxes for: Meter Pit, Basement, Floor #, Penthouse, Boiler Room, Room #, Mechanical Room, Restroom.

SECTION #3 – INITIAL TEST INFO:
Complete one of the following sections:
-Double Check Assembly -Reduced Pressure Assembly or -Pressure Vacuum Breaker.
BE SURE TO ENTER TEST DATE in appropriate column.

If device is marked FAILED and cannot be repaired immediately, call ECHD at (419) a626-5223 ext. 5209 and forward report to Erie County with payment.

-SECTION #4 – RETEST INFO:
Complete one of the following sections:
-Double Check Assembly -Reduced Pressure Assembly or -Pressure Vacuum Breaker.
BE SURE TO ENTER RE-TEST DATE in the RE-TEST DATE BOX.

ADDITIONAL RETEST INFO:
Enter new device # if applicable.
Enter repairs/materials used.
Forward completed report to ECHD. No additional payment is needed.

SECTION #5 – TESTER CERTIFICATION:

Check the YES or NO for the FLOOR DRAIN question.

Print testers name and enter signature. REMEMBER, your signature certifies

1) **You have thoroughly completed the above data and it is correct;**
2) **The backflow prevention device is in proper working condition;**
3) **If the device is marked "Failed", it is my responsibility to immediately report the malfunction to the Erie County DOES;**
4) **If these guidelines are not followed, incomplete reports may warrant denial of future testing and may result in revoking of your Erie County registration.**

Enter company's name, cell phone #, Erie County Registration #, OH Dept Commerce Cert # and full expiration date (month/day/year).

SECTION #6 – FOR TESTER BOX:
Check appropriate box and submit fee. (Remember the Containment / Domestic Device is always the $20.00 charge.)