

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			
<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> CONTAINMENT	<input type="checkbox"/> ISOLATION		
Serial #		<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> FIRE PROTECTION		
Make		<input type="checkbox"/> IRRIGATION/NON-SEWER/SPRINKLER	<input type="checkbox"/> FIRE DETECTOR		
Model		<input type="checkbox"/> Meter Pit	<input type="checkbox"/> Basement	<input type="checkbox"/> Mechanical Room	Floor # _____
Size		<input type="checkbox"/> Penthouse	<input type="checkbox"/> Boiler Room	<input type="checkbox"/> Restroom	Room # _____
Type of Device ASSE		System Pressure: INLET _____ OUTLET _____			
<input type="checkbox"/> 1013		<input type="checkbox"/> 1015	<input type="checkbox"/> 1020	<input type="checkbox"/> 1047	<input type="checkbox"/> 1048 <input type="checkbox"/> 1056
Specific Device Location/Other Info:					

INITIAL TEST INFO (Forward failed reports to ECHD if device cannot be repaired immediately and call Wyatt at 419-626-5623, Ext. 209.)

TEST DATE		TEST DATE		TEST DATE	
DOUBLE CHECK ASSEMBLY		REDUCED PRESSURE ASSEMBLY		PRESSURE VACUUM BREAKER	
Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve	psig _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	psig _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1 st Check Valve	psig _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	psig _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	psig _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Opening Point	psig _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
		2 nd Check Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
		Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		

RETEST INFO

RE-TEST DATE	DOUBLE CHECK ASSEMBLY	RE-TEST DATE	REDUCED PRESSURE ASSEMBLY	RE-TEST DATE	PRESSURE VACUUM BREAKER
	Outlet Valve		1 st Check Valve		Air Inlet Valve
	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		psid _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>		psig _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st Ck Valve		Relief Valve		Check Valve
	psid _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Opening Point		psig _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Ck Valve		psid _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
	psid _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>		2 nd Ck Valve		
			Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
			Outlet Valve		
			Pass <input type="checkbox"/> Fail <input type="checkbox"/>		

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 DOES at (419) 433-7303 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 DOES. 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.)

