



Cleveland Division of Water Backflow Prevention Device Test and Maintenance Worksheet



Do not submit to Cleveland Water; all backflow test submittals shall be submitted on line at: www.bsonlinetracking.com. For questions regarding backflow devices or the annual tests, contact: **Backflow Solutions Inc. (BSI) at 1-800-414-4990.**

Customer: _____ Type of Service: _____

Service Address: _____

Type of Device: _____ Manufacturer: _____

Location: _____ Size: _____ Serial #: _____

Date of test: _____ Containment Isolation (check one)

Type of hazard: Low High Severe (check one)

Double Check Assembly

Initial Test	Outlet Valve		Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
	First Check Valve	_____psid	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
	Second Check Valve	_____psid	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Date						

Reduced Pressure Assembly

First Check Valve	_____psid	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Relief Valve Opening Point	_____psid	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Second Check Valve		Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Outlet Valve	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	<input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	_____psig	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Check Valve	_____psig	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>

Describe Repairs & Materials Used	
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Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
	First Check Valve	_____psid	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
	Second Check Valve	_____psid	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Date						

Reduced Pressure Assembly

First Check Valve	_____psid	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Relief Valve Opening Point	_____psid	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Second Check Valve		Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Outlet Valve	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	<input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	_____psig	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Check Valve	_____psig	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>

Test Certification: I certify that the foregoing test report is correct.

Company: _____

Tester: _____

Address: _____

Certification #: _____

Phone: _____

Date: _____