

City of Cleveland, Division of Water Backflow Prevention Device Test and Maintenance Report

Owner:
Service Name:
Service Address:
Service City:
ID #:

Type of Device:
Manufacturer:
Size: Serial #:
Location:
Containment / Isolation:

If any of the above information is incorrect, please cross out the existing and write in the correct data.

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"/>
Date	Second Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly			
First Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Relief Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
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"/>	

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"/>
Date	Second Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly			
First Check Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Relief Valve	____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
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"/>	

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: _____
Address: _____
Phone: _____

Tester: _____
City Certification #: _____
Date: _____

OWNER'S CERTIFICATION: This device has been in constant use at this location in a manner approved by the City of Cleveland, Division of Water. If during the entire prescribed interval between test periods this device was either by-passed, made inoperative or removed please provide the number of days and reason for interruption. All defects found during the operation period or during tests of the device were corrected without delay. If out of service for any reason, reason and duration are noted below:

Days out of service: _____ **Reason:** _____

Owner/Agent Signature: _____ Title: _____
Date: _____ Phone: _____

Send original test report to: **Backflow Prevention Unit
Cleveland Division of Water
1201 Lakeside Avenue
Cleveland, OH 44114**

If you have any questions or problems, please contact us at **216-664-3944**.

FOR A LIST OF CERTIFIED TESTERS, VISIT OUR WEBSITE AT:
WWW.CLEVELANDWATER.COM/SYSTEM_OVERVIEW/OPERATIONS_BACKFLOW06.HTML#CERTIFIED