



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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|-----------------------------------|--|
| Describe Repairs & Materials Used | |
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| Describe Repairs & Materials Used | |
|-----------------------------------|--|

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: _____