



CHEROKEE METROPOLITAN DISTRICT
6250 Palmer Park Blvd, Colorado Springs, CO 80915-1721
Telephone: (719) 597-5080 Fax: (719) 597-5145
Email: backflow@cherokeemetro.org

Cross-Connection / Backflow Prevention Assembly Test & Maintenance Report

Business Name _____

Address of Property _____, CO _____
City _____ Zip Code _____

Property Contact Person _____ Office Phone # _____ Cell Phone# _____

Property Contact Email Address _____

Existing Device: ☐ New Device: ☐ Replacement: ☐ Replaced Device S/N#: _____

Mfr: _____ Mod. #: _____ Ser. #: _____ Size: _____

Type of Protection - Containment: ☐ Isolation: ☐ Air Gap: ☐ Device Type - RP: ☐ DC: ☐ PVB: ☐

Type of Service - Domestic: ☐ Irrigation: ☐ Fire: ☐

Location on Property: _____

PVB		DC	
AIR INLET	CHECK VALVE	FIRST CHECK	SECOND CHECK
Opened _____ PSID	First Test _____ PSID w/Flow _____ PSID	Direction of Flow _____ PSID	Direction of Flow _____ PSID
RP			ALL DEVICES
FIRST CHECK	SECOND CHECK	RELIEF CHECK	Incoming Line Pressure
Direction of Flow _____ PSID	Direction of Flow _____ PSID	_____ PSID	_____ PSI

Test Date: _____ Passed: ☐ Failed: ☐

Repairs or Comments:

Testing Company: _____ Phone: _____

Address: _____

Gauge Test Kit Mfr: _____ Mod. #: _____ Ser. #: _____ Last Calibration: _____

I have completed the above test and hereby certify this Backflow Prevention Assembly performed satisfactorily and meets Federal, State and Local codes and regulations as required.

Tester Cert. #: _____ Exp.: _____

Testers Name (print): _____ Testers Signature: _____

Copies to: White: Cherokee Yellow: Tester Pink: Customer

Revised: 1/1/23