



**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