

TEST AND MAINTENANCE REPORT FORM FOR BACKFLOW PREVENTION ASSEMBLIES

Please provide ALL FORMS to your tester

Name _____ Account # _____ - _____ - _____ Service # _____ -
 Address _____ Contact _____ Telephone # (____) _____ -
 City _____ State ____ Zip _____ Municipality _____
 Device Type _____ Serial # _____ Size _____" Test Due Date ____/____/____
 Manufacturer _____ Model # _____ Meter Association _____

INSTRUCTIONS TO APPROVED TESTERS: All applicable information must be typed or clearly printed. Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination.
Please attach a copy of your certification. NO OTHER FORMS WILL BE ACCEPTED.

<input type="checkbox"/> Reduced Pressure Principle Backflow Prevention Assembly (RPZ)			
<input type="checkbox"/> Double Check Valve Backflow Prevention Assembly (DC)			
Static Line Pressure: _____ PSID	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Initial Test of Device Date ____/____/____	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ PSID (RPZ)	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did not open
Maintenance of Device (Describe Repair) Date ____/____/____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____
Changed or New Device Installed (must be tested on line)	<input type="checkbox"/> DC Size _____ Model _____ Serial _____ Manuf. _____	<input type="checkbox"/> RPZ Size _____ Model _____ Serial _____ Manuf. _____	
Final Test of Device Date ____/____/____	<input type="checkbox"/> Closed Tight _____ PSID (RPZ)	<input type="checkbox"/> Closed Tight	Opened at _____ PSID

REMARKS: _____

CERTIFICATION – TESTER

I hereby certify the above data to be correct and that the above backflow prevention assembly as in proper operating condition.

Tester (signature): _____ Test Date: _____

Tester (print): _____ Cert. No.: _____

Company Name: _____ Telephone: _____

Test Kit Used: _____ Date Gauge Calibrated: _____
(Test Kit)



PLEASE RETURN ORIGINAL FORM TO:
WEST VIEW WATER AUTHORITY
 99 Reis Run Road, Pittsburgh, PA 15237

TELEPHONE (412) 931-3292 FAX (412) 364-6919

Gary Punzak, Assistant Service Superintendent – gpunzak@wvwaterauthority.com
 Shelly Blaha, Secretary – sblaha@wvwaterauthority.com

Please check here if a copy has been faxed to our office