



# BACKFLOW TEST AND MAINTENANCE REPORT FORM

**\* PLEASE COMPLETE THE WVWA SECTION WITH ANY INFORMATION AVAILABLE\***

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: Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination. **NO OTHER FORM 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:** \_\_\_\_\_

**TESTER CERTIFICATION\* (MUST attach a copy of your certification)**

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 send completed form by **ONE** of the following methods:

- Email:** Shelly Blaha, Secretary – sblaha@westviewwater.org  
 Gary Punzak, Assistant Service Superintendent – gpunzak@westviewwater.org
- Fax:** (412) 364-6919
- Mail:** West View Water Authority  
 99 Reis Run Road, Pittsburgh, PA 15237  
**(Please make a copy and mail original)**

\*Visit our website at [www.westviewwater.org](http://www.westviewwater.org) for information and FAQs regarding this mandatory testing.