

BOROUGH OF CHESWICK
ANNUAL TEST AND MAINTENANCE REPORT FOR
BACKFLOW PREVENTION DEVICES

Reduced Pressure Principle Backflow Preventor Containment
 Double Check Valve Assembly Isolation
 Pressure Vacuum Breaker

Company Name: _____ **Acct #** _____
 (Service) Address of Device _____ City: _____ State: _____ Zip: _____

Exact Location of Device (ex: room name) _____

Test Completion Date: _____ (Pass / Fail) _____ **Current Meter Reading:** _____

Make of Device: _____ / Model # _____ / Serial # _____

Size of Assembly: _____ / Type of Protection _____ / Type of Service: _____

Assembly orientation: _____ / State of backflow before test (On / Off) / Incoming Line Pressure: _____

| Line Pressure _____ psi | Check Valve #1 | Shutoff Valve #__ | Check Valve #2 | Differential Pressure Relief Valve |
|----------------------------|--|--------------------------------------|---|---|
| Initial Test | Leaked () Closed Tight () _____ psid | Leaked () Closed Tight() N/A() | Leaked () Closed Tight () _____psid | () Opened at _____ psi Reduced Pressure |
| Describe Repair | | | | |
| Material Used | | | | |
| FINAL test | Leaked () Closed Tight () _____ psid | Leaked () Closed Tight() N/A() | Leaked () Closed Tight () _____psid | () Opened at _____ psi Reduced Pressure |
| <i>Comments/Notes:</i> | | | | |

CERTIFICATION (tester) I hereby certify the above date to be correct and that the above backflow prevention device is in proper operating condition and meets Federal, State and local codes and regulations as required:

Tester: (signature): _____ **Certification #:** _____

Tester: (print): _____ **Ph:** _____

Email: _____

Please return completed form to:

BOROUGH OF CHESWICK, 220 South Atlantic Avenue, Cheswick, PA 15024