

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE FORM

This form must be completed by a certified tester upon testing or maintenance of a backflow prevention assembly.

Send completed original form to:
Brodhead Creek Regional Authority
410 Mill Creek Road, East Stroudsburg, PA 18301
(570) 421-3232

I. General Information

| | | | | |
|----------------------|-------|-------------------|---|---|
| COMPANY NAME | | STREET ADDRESS | | |
| CITY | | STATE | ZIP CODE | |
| LOCATION OF ASSEMBLY | | INSTALLATION DATE | TYPE (CIRCLE) RP DC | |
| MANUFACTURER | MODEL | SERIAL NO. | SIZE | (CIRCLE) FIRELINE DOMESTIC |

II. Test & Repair Information

| | | | |
|---|--|--|---|
| REDUCED PRESSURE PRINCIPLE ASSEMBLY ↓ ↓ ↓ DOUBLE CHECK VALVE ASSEMBLY | | | |
| INITIAL TEST | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS CHECK VALVE _____ PSID | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS CHECK VALVE _____ PSID | <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> OPENED AT _____ PSID |
| | <input type="checkbox"/> ASSEMBLY PASSED | | <input type="checkbox"/> ASSEMBLY FAILED* DATE _____ |
| REPAIRS <small>Give details of repairs made</small> | <input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER: | <input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER: | <input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS OTHER: |
| | FINAL TEST <small>Complete only if initial test fails & after successful repairs</small> | <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS CHECK VALVE _____ PSID | <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS CHECK VALVE _____ PSID |
| REMARKS | CONDITION OF NO. 2 CONTROL VALVE | | VALVE TYPE _____ (CIRCLE) CLOSED TIGHT LEAKED |
| | OTHER NOTES: | | |

***NOTE: All repairs must be completed within thirty (30) days of initial test.**

III. APPROVALS

| | | |
|--|------------------------|---------------|
| I hereby certify to the accuracy of the test results and the proper functioning of the tested assembly. | | |
| SIGNATURE OF TESTER | NAME OF TESTER (print) | TESTER NUMBER |
| NAME OF TESTER'S COMPANY | PHONE NUMBER | DATE |
| ACKNOWLEDGED BY OWNER (signature) | NAME OF OWNER (print) | DATE |