

The Municipal Authority of the Townshio of Robinson
 Test and Maintenance Report Form for Backflow Prevention Assemblies

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User:				
Service Address:				
Owner:				
Mailing Address:				
Type of Assembly:	Assembly Make:	Assembly Model:	Assembly Serial No.	Assembly Size:
Test Kit Used:		Meter Number:	Calibration Date:	
Location on Site:				
<input type="checkbox"/> Reduced Pressure Principle Backflow Prevention Assembly (RPBA/RPDA) <input type="checkbox"/> Double Check Valve Backflow Prevention Assembly (DCVA/DVDA)				
Static Line Pressure PSI	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	
Initial Test Date:	<input type="checkbox"/> Closed Tight PSID (RP Only) <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened @ _____ PSID	
Time:			<input type="checkbox"/> Did not Open	
Maintenance of Assembly	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	
Describe Repair: _____				
Existing Assembly Replaced:				
Type of Assembly:	Assembly Make:	Assembly Model:	Assembly Serial No:	Assembly Size:
Test After Repairs Date:	<input type="checkbox"/> Closed Tight _____ PSID (RP Only)	<input type="checkbox"/> Closed Tight	Opened @ _____ PSID	
Comments: _____				
Initial Test by:	Name	Signature	Company/Phone	Certification No.
Test After Repairs by:				
On site contact:				

Return original to: M.A.T.R. Cross Connection Control* P.O.Box 15539*Pittsburgh, PA 15244-0539