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Cross-Connection Control Program
 TEST REPORT FOR BACKFLOW PREVENTOR ASSEMBLIES

Name: _____ Phone: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Type of Device: _____ RPBA _____ DCVA _____ OTHER

Manufacturer: _____ Model: _____ Serial #: _____ Size: _____

Device Location: _____ Meter #: _____

Date Installed: _____ New Installation: Y N 5-Year Rebuild: Y N

Does this device replace an existing device?: Y N If yes, list old Serial #: _____

	Reduced Pressure Devices		
	Double Check Devices		
	1 st Check	2 nd Check	Relief Valve
Initial Test	Leaked _____ RP _____ psid Closed tight _____ _____ Cleaned _____ Replaced _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____	Leaked _____ RP _____ psid Closed tight _____ _____ Cleaned _____ Replaced _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____	Opened at _____ psid Did not open _____ _____ Cleaned _____ Replaced _____ Disc, upper _____ Spring _____ Diaphragm, large _____ Upper _____ Lower _____ Diaphragm, small _____ Upper _____ Lower _____ Other
Final Test	RP _____ psid Closed tight _____	Closed tight _____	Opened at _____ psid

Line pressure at time of test: _____ psi.

DATE OF TEST: _____ DEVICE PASSED: Y N DEVICE REPAIRED: Y N

Certified Tester: _____ Signature of Tester: _____

Remarks: _____

Facility Owner Signature: _____ Date: _____

Facility Owner (Print): _____ Title: _____

