



# HAMPTON TOWNSHIP MUNICIPAL AUTHORITY

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## TEST AND MAINTENANCE REPORT FORM FOR BACKFLOW PREVENTION ASSEMBLIES

Name:	Account #:
Contact:	Telephone #:
Service Address:	Municipality:
City:	State:            Zip:
Device Type:	Serial:            Assembly:            Size:            Test Due Date:
Manufacturer:	Model:

### **INSTRUCTIONS TO APPROVED TESTERS:**

All applicable information must be typed or clearly printed. Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination. Please attach a copy of your certification.

**Reduced Pressure Principle Backflow Prevention Assembly (RPZ)**

**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. _____	
Initial Test of Device Date ___/___/___	<input type="checkbox"/> Closed Tight _____ PSID (RPZ)	<input type="checkbox"/> Closed Tight	Opened at _____ PSID

REMARKS:

### CERTIFICATION – TESTER

I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.

Tester (Signature): \_\_\_\_\_ Test Date: \_\_\_\_\_

Tester (print): \_\_\_\_\_ Cert. No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Test Kit Used: \_\_\_\_\_ Date Gauge Calibrated: \_\_\_\_\_