

The Municipal Authority of the Township of Robinson
Test and Maintenance Report Form for Backflow Prevention Assemblies
 You Must Print Legibly!

Phone: (412) 923-2411

Fax: (412) 923-2347

E-Mail: Jabernathy@robinsonwater.com

User: _____

Service _____

Address: _____

Owner: _____

Mailing _____

Address: _____

Type of Assembly:	Assembly Make:	Assembly Model:	Assembly Serial No.:	Assembly Size:
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Test Kit Used: _____ Meter Number: _____ Calibration Date: _____

Location on _____

Site: _____

REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY (RPBA/RPDA)

DOUBLE CHECK VALVE BACKFLOW PREVENTION ASSEMBLY (DCVA/DVDA)

Static Line Pressure _____ PSI	Check Valve #1 <input type="checkbox"/> Closed Tight _____ PSID (RP Only) <input type="checkbox"/> Leaked	Check Valve #2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Differential Pressure Relief Valve <input type="checkbox"/> Opened at _____ PSID <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:
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Test After Repairs Date: _____	<input type="checkbox"/> Closed Tight _____ PSID (RP Only)	<input type="checkbox"/> Closed Tight	Opened at _____ PSID
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COMMENTS: _____

Initial Test by: _____	Print Name	Signature	Company/Phone	Certification No.
Test after Repairs by: _____				
On-site Contact: _____				

Return original to: M.A.T.R. Cross Connection Control* 4200 Campbells Run Road, Pgh PA 15205