

STATE COLLEGE BOROUGH WATER AUTHORITY

BACKFLOW PREVENTION DEVICE INSPECTION & MAINTENANCE REPORT FORM

Acct Number _____

Owner _____

Address _____

Test Deadline _____

Device Address _____

Exact Device Location _____

RPZ DCVA PVB

Make _____ Model _____ Size _____ Serial No. _____

Reduced Pressure Backflow Preventer			
Double Check Valve Assembly			Relief Valve
Check Valve No. 1	Check Valve No. 2		
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID Did not open <input type="checkbox"/>	
Repairs			
Test After Repairs Closed Tight <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID	
Condition of No. 2 Shutoff Valve <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked			

PASS

FAIL

Date _____

Examined by _____

Certificate # _____

Certificate Expiration Date _____

Signature _____

Witness: _____

REMARKS _____