

Municipal Authority of Harmar Township
Test Report - Backflow Prevention Device

Name of Owner _____ Mailing Address _____

Name of Premises _____ Street Address _____

Location of Assembly _____ Installation Date _____

Type of Assembly _____ Manufacturer _____ Size _____

Model Number _____ Serial Number _____

Tested by (Firm Name) _____ Certification Number _____

Business Address _____ Telephone Number _____

Date of Test _____ Failed _____

Date of Re-test _____

I certify that the above assembly was tested and passed so as to meet all performance requirements of The Municipal Authority of Harmar Township.

Signature of Licensed Tester _____ Date ____/____/____

Line Pressure at Time of Test _____ PSI. Drop Across Check Valve 1 _____ PSID.

Initial Test of Device

Check Valve # 1	Tight _____ PSID	
Check Valve # 2	Closed Tight _____	Leaked _____
Differential PRV (RPZ device only)	Opened At : _____	Did Not Open _____
Date ____/____/____	Remarks _____	

Maintenance of Device

Check Valve # 1	Cleaned _____	Repaired _____
Check Valve # 2	Cleaned _____	Repaired _____
Differential PRV (RPZ device only)	Cleaned _____	Repaired _____
Repairs _____		
Date ____/____/____	Repaired by : _____	

Changed or New Device Installed (Must be Tested on Line)

Date ____/____/____
Type _____ Serial # _____ Size _____ Manufacturer _____ Model _____
Installed By : _____ Remarks _____

Final Test (Must Be Completed)

(RPZ device only) : #1 Tight _____ PSID # 2 Tight _____ Differential PRV Opened at _____ PSID
(Double -Check) ; #1 Tight _____ #2 Tight _____
Date ____/____/____

**** Upon completion please mail or deliver form to The Municipal Authority of Harmar Township, 200 Pearl Avenue, Cheswick, Pa., 15024 .