



HAMPTON SHALER WATER AUTHORITY

PO BOX 66
3101 McCULLY RD
ALLISON PARK, PA 15101

**BACKFLOW PREVENTION ASSEMBLY
TEST & MAINTENANCE FORM**
THIS FORM MUST BE COMPLETED BY A CERTIFIED TESTER

"OFFICE USE ONLY"

REQUIRED SERIAL NUMBERS _____
OF WATER METERS PROTECTED _____
BY BACKFLOW DEVICE _____

SERVICE# _____
PASS/FAIL DATE _____
S-10 _____

1. GENERAL INFORMATION

NAME OF FACILITY _____		ADDRESS _____			
LOCATION OF ASSEMBLY _____		HAZARD ID # _____	REQUIRED ACCOUNT NUMBER _____	METER # _____	
MANUFACTURER _____	MODEL _____	SERIAL NO. _____	SIZE _____	MODEL <input type="checkbox"/> RP <input type="checkbox"/> PVB <input type="checkbox"/> AG <input type="checkbox"/> DC	

2. TEST & REPAIRS INFORMATION

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPEN AT _____ PSIG <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT _____ PSIG <input type="checkbox"/> DID NOT OPEN
REPAIRS	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEMGUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER _____	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEMGUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER _____	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEMGUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER _____	<input type="checkbox"/> CHECK VALVE _____ PSID <input type="checkbox"/> CHECK VALVE LEAKED <input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC AIR INLET <input type="checkbox"/> DISK CV <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS OTHER _____
FINAL TEST	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPEN AT _____ PSIG REDUCED PRESSURE	<input type="checkbox"/> SATISFACTORY
REMARKS	CONDITION OF NO. 2 CONTROL VALVE <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED			DATE _____ ASSEMBLY PASS
				DATE _____ ASSEMBLY FAIL
* NOTE: ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS				

3. APPROVALS

" I Herby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly."			
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTER (PRINT)		PHONE NUMBER	BUSINESS NAME
INITIAL TEST	SIGNATURE OF INITIAL BACKFLOW PREVENTION ASSEMBLY TESTER	CERTIFIED TESTER NUMBER	DATE
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER (IF APPLICABLE)	DATE
FINAL TEST	SIGNATURE OF FINAL CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTER	CERTIFIED TESTER NUMBER	DATE

The tester is required to submit the completed Backflow Prevention Assembly Test & Maintenance Report(s) to our Cross-Connection Control Department online at <http://pawsc.tokaytest.com/>. Each Backflow Prevention Assembly Test & Maintenance Form requires a \$15 submission fee, payable online. These forms may not be submitted via email or fax.

DUE DATE: