

**BLAIRSVILLE MUNICIPAL AUTHORITY
BACKFLOW PREVENTION
TEST REPORT**

Contact Person: _____ Phone Number: _____

Name of Premises: _____

Service Address: _____

Location of Device _____

Manufacturer Model Size Serial No.
****Please indicate if this is a new device, if so please indicate old Serial Number****

Line Pressure at time of Test lbs. Pressure Drop across First Check Valve lbs.

	Check Valve No1	Check Valve #2	Differential Pressure Relief Valve
Initial Test	*Leaked _____ *Closed Tight _____	*Leaked _____ *Closed Tight _____	*Open at _____ lbs *Did not Open _____
	Cleaned _____	Cleaned _____	Cleaned _____
R E P A I R S	Replaced Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, Describe _____	Replaced Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, Describe _____	Replaced Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, Describe _____
Final Test	Closed Tight _____	Closed Tight _____	Open at _____ lbs Reduced Pressure _____

Remarks _____

The above report is certified to be true

Return Report To:	Tested By:	Date:
Blairsville Municipal Authority, 203 E. Market Street, Blairsville, PA 15717	Prepared by:	Date:
	Final Test By:	Date:
	Certification No.	Date:
	Gauge Calibration Date:	