

**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

E-Mail ONLY: nklingman@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:
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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	Check Valve #2	Differential Pressure Relief Valve
Initial Test Date: _____ Time: _____	<input type="checkbox"/> Closed Tight _____ PSID (RP Only) <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<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:
Test After Repairs Date: _____	<input type="checkbox"/> Closed Tight _____ PSID (RP Only)	<input type="checkbox"/> Closed Tight	Opened at _____ PSID	

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, Pittsburgh, PA 15205