

**MOON TOWNSHIP MUNICIPAL AUTHORITY**  
**1700 Beaver Grade Road, Suite 200, Moon Township, PA 15108**

**TEST AND MAINTENANCE REPORT FORM FOR BACKFLOW PREVENTION ASSEMBLIES**

<b>Name or Business:</b>	<b>Account No.:</b>
Contact:	Telephone No:
<b>Service address:</b>	
Device Type:	Serial No.:
Size:	Manufacturer:
Model:	Degree of Hazard
Meter use- <b>Commercial</b> <input type="checkbox"/> <b>Irrigation</b> <input type="checkbox"/> <b>Fire</b> <input type="checkbox"/>	Location of meter
Next Test Due Date	

**INSTRUCTIONS FOR CERTIFIED TESTERS:** All applicable information must be typed or clearly printed. Failure to complete this form accurately will result in rejection of the test form and possible result in water service termination. *Please attach a wallet size copy of your certification.*

**Reduced Pressure Principle Backflow Prevention Assembly (RPZ)**

**Double Check Valve Backflow Prevention Assembly (DC)**

Static Line Pressure _____ PSID	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Initial Test of Device Date: ___/___/___	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed _____ PSID (RPZ)	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened @ _____ PSID <input type="checkbox"/> Did not open
Maintenance of Devices Date: ___/___/___	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material used _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material used _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material used _____
Changed or New Device Installed (must be tested on line)	<input type="checkbox"/> DC Size _____ Model _____ Serial _____ Mfg. _____		<input type="checkbox"/> RPZ Size _____ Model _____ Serial _____ Mfg. _____
Final Test of Device Date: ___/___/___	<input type="checkbox"/> Closed tight _____ PSID(RPZ)	<input type="checkbox"/> Closed tight	Opened at _____ PSID

REMARKS: \_\_\_\_\_

**CERTIFICATION OF TESTER: I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operation condition.**

Tester (signature): \_\_\_\_\_

Test Date: \_\_\_\_\_

Tester (print): \_\_\_\_\_

Cert. No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Test Kit Used: \_\_\_\_\_

Test Kit Gauge Calibration Date \_\_\_\_\_

**PLEASE RETURN TO: John Belinda, Inspector**  
**Phone: 412.264.4300 x 117**  
**Email: jbelinda@moontma.com**

**PLEASE INCLUDE THE ACCOUNT NUMBER**  
**Fax: 412.262.9482**