



HORSHAM WATER & SEWER AUTHORITY BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE FORM

THIS FORM MUST BE COMPLETED BY A CERTIFIED TESTER

I. GENERAL INFORMATION				RETURN TO HWSA NO LATER THAN	SERIAL NO.	INDEX NO.
				NAME OF FACILITY		
LOCATION OF ASSEMBLY				SERVICE CLASS	DATE OF INSTALL	
MANUFACTURER	MODEL	SERIAL NO.	SIZE	<input type="checkbox"/> RP <input type="checkbox"/> PVB <input type="checkbox"/> AG <input type="checkbox"/> DC		
TYPE OF TEST GAUGE INSTRUMENT		MODEL	SERIAL NUMBER	PURCHASE DATE		
CALIBRATED BY					TELEPHONE NO.	
RG# NO.	CALIBRATED ON		NEXT CALIBRATION DUE			

II. TESTS & 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 PRESURE DROP ACROSS FIRST CHECK VALVE _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPEN AT _____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR INLET 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"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> 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"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> OTHER:	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> 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"/> DISC CV <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> OTHER:
FINAL TEST	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED AT _____ PSID REDUCED PRESSURE	<input type="checkbox"/> SATISFACTORY
REMARKS	CONDITION OF NO. 2 CONTROL VALVE <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED WITNESS TO ASSEMBLY TEST		DATE _____ ASSEMBLY PASS DATE _____ ASSEMBLY FAIL	

* NOTE: ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN THIRTY (30) DAYS

III. APPROVALS

I HEREBY CERTIFY THAT THIS DATE 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 CERTIFIED 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

Send Completed Original Form To:

Horsham Water & Sewer Authority

617 Horsham Road
Horsham, PA 19044
215-672-8011