



RETURN THIS TEST FORM TO:
Pennsylvania American Water

Fax: 570-830-6512 Contact Phone: 570-830-6549
 Mail: Attention: Cross Connection Department 100 North Pennsylvania Ave., Wilkes Barre, PA 18701

Account No. _____

Premise No. _____

LOCATION INFORMATION

Service For: _____

Address 1: _____

Address 2: _____

Type of Service: Domestic Fire Irrigation

Location of Device: after meter

New Assembly Replaces Serial No: _____

DEVICE INFORMATION

Type of Assembly: Double Check Valve Backflow

Prevention Assembly

Serial : _____ Size : _____

MFG/Model No: /

Water Meter No:

Isolation Containment

TEST MEASUREMENTS

	DC		RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve	Air Inlet
Initial Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
Final Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
AIR GAP	Measured vertical inches above overflow rim		Supply size diameter	

COMMENTS (including maintenance performed)

TESTER INFORMATION

INITIAL PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Tester Name _____	Company _____
	Phone # _____	Email Address _____
	Signature _____	Certified Tester No.: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____
FINAL PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Tester Name _____	Company _____
	Phone # _____	Email Address _____
	Signature _____	Certified Tester No.: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____

BACKFLOW TEST FORM - TO BE COMPLETED BY A QUALIFIED TESTER

The above report is certified to be true at the time of the test