

**BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE RECORD**

CITY OF PHILADELPHIA
PHILADELPHIA WATER DEPARTMENT

THIS FORM MUST BE COMPLETED BY A CITY CERTIFIED TECHNICIAN

I. GENERAL INFORMATION		JOB NUMBER	ACCOUNT # OR METER # (REQUIRED)		
NAME OF FACILITY		ADDRESS			ZIP
CONTACT PERSON AT FACILITY		TITLE		TELEPHONE NO.	
LOCATION OF FACILITY		DATE OF INSTALLATION		INCOMING LINE PRESSURE	
MANUFACTURER	MODEL	SERIAL NUMBER	SIZE	DS FS	RPZ DCV

II. TEST INSTRUMENT CALIBRATION INFORMATION					
TYPE OF INSTRUMENT		MODEL	SERIAL NUMBER	PURCHASE DATE	
CALIBRATED BY				TELEPHONE NO.	
REGISTRATION NO.	CALIBRATED ON		NEXT CALIBRATION DATE		

III. TESTS & REPAIRS INFORMATION					
INITIAL TEST	CHECK VALVE NUMBER 1		CHECK VALVE NUMBER 2		DIFFERENTIAL PRESSURE RELIEF VALVE
	LEAKED CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS: _____ PSID		LEAKED CLOSED TIGHT CHECK VALVE IS: _____ PSID		OPENED AT _____ PSID DID NOT OPEN
REPAIRS	CLEANED REPAIRED: RUBBER PARTS KIT SPRING CV STEM/GUIDE DISK RETAINER O-RINGS LOCKNUTS SEAT OTHER:		CLEANED REPAIRED: RUBBER PARTS KIT SPRING CV STEM/GUIDE DISK RETAINER O-RINGS LOCKNUTS SEAT OTHER:		CLEANED REPAIRED: RUBBER PARTS KIT SPRING CV STEM/GUIDE DISK RETAINER O-RINGS LOCKNUTS SEAT OTHER:
	CLOSED TIGHT AT _____ PSID		CLOSED TIGHT AT _____ PSID		OPENED AT _____ PSID

CONDITION OF NO. 2 CONTROL VALVE	CLOSED TIGHT	LEAKED
REMARKS:	ASSEMBLY FAILED	ASSEMBLY PASSED

*** NOTE: ALL REPAIRS/REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS**

IV. APPROVALS					
<i>I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY</i>					
NAME OF CERTIFIED PREVENTION ASSEMBLY TECHNICIAN (PRINT)		BUSINESS TELEPHONE NO.	WITNESS TO ASSEMBLY TEST		
INITIAL TEST	SIGNATURE OF INITIAL CERTIFIED BACKFLOW PREV. ASSEMBLY TECHNICIAN	CERTIFIED TECHNICIAN NO.	DATE	TELEPHONE NO. OF WITNESS	
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TECHNICIAN NO.	DATE	Send Completed Original Form To: Philadelphia Water Department Cross Connection Control 1500 E. Hunting Park Avenue Philadelphia, PA 19124-4941 215-685-1419/ -1420/ - 1455	
FINAL TEST	SIGNATURE OF FINAL CERTIFIED BACKFLOW PREV. ASSEMBLY TECHNICIAN	CERTIFIED TECHNICIAN NO.	DATE		
SIGNATURE OF LICENSED TECHNICIAN		CERTIFIED TECHNICIAN NO.	DATE		