

MMA
ACCT# _____

Monroeville Municipal Authority
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 Monroeville, PA 15146

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2018 BACKFLOW PREVENTION PROGRAM

ANNUAL TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

Please type or print clearly

Facility Name: _____ Date: _____

Address:

Backflow Prevention Assembly Information <hr/> Make: <hr/> Model: <hr/> Size: <hr/> Serial Number: <hr/>	<div style="text-align: center;">Installation Information</div> Location: <hr/> WATER Meter Serial Number: <hr/> <div style="text-align: center;">Service Protection</div> Domestic <input type="checkbox"/> <input type="checkbox"/> Fire <input type="checkbox"/> Other
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<input type="checkbox"/> Reduced Pressure Principal Backflow Prevention Assembly			
<input type="checkbox"/> Double Check Valve Backflow Prevention Assembly			
Line Pressure _____psi	Check Valve #1	Check Valve #2	Relief Valve
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____psi
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____psi
Backflow Prevention Assembly		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>

Certification - Tester

I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.

Tester (signature): _____

Tester (print): _____ Date: _____

Company Name and Phone: _____ Phone: _____

Certification – Facility: I hereby that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of assembly were satisfactorily corrected without delay.