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Number \_\_\_\_\_

Monroeville Municipal Authority  
219 Speelman Lane  
Monroeville, PA 15146

Fax- 412-374-1563 Email- rkaiser@monroevillewater.org

## 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 Make: Model: Size: Serial Number:	<div style="text-align: center;"><b>Installation Information</b></div> Location: _____  WATER Meter Serial Number: _____  <div style="text-align: center;"><b>Service Protection</b></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: \_\_\_\_\_

Email: \_\_\_\_\_

**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.