UPON COMPLETION RETURN FORM TO:

THE WILKINSBURG-PENN JOINT WATER AUTHORITY
2200 ROBINSON BOULEVARD
PITTSBURGH PA 15221
412-243-6200 Fax 412-473-3475
aklein@wpjwa.com

INSPECTION REPORT FOR CROSS-CONNECTION AND BACKFLOW-PREVENTION ASSEMBLY

Name of Owner: _____

Mailing Address: Street: _____

City, State, Zip _____

Name of Premises: _____

Street Address: Street: _____

City, State, Zip _____

Location of Assembly: _____ Installation Date: _____

Type of Assembly: _____Manufacturer: _____ Size: _____

Model Number: _____Serial Number: _____

Meter Number Associated with above Backflow Preventor: _____

Tested by (Firm Name): _____

Business Address: Street: _____

City, State, Zip _____

Telephone No. _____

Date of Initial Test:_____ Passed:_____ Failed:_____ Date of Retest:_____

I certify that I have tested the above assembly and that it meets the performance requirements of The Wilkinsburg-Penn Joint Water Auth.

_____ _____

(Signature of Licensed Tester) (License Number of Tester)

Line Pressure at Time of Test _____psi

	CHECK VALVE 1	CHECK VALVE 2	DIFFERENTIAL PRESSURE RELIEF VALVE
Initial Test	1. Leaked _____ _____psid 2. Closed Tight _____	1. Leaked _____ _____psid 2. Closed Tight _____	1. Opened at _____psid reduced pressure 2. Did not Open _____
R E P A I R S	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____
Final Test	RP _____psid Closted Tight _____	Closed Tight _____	Open at _____psid reduced pressure

Remarks: _____