

Pittsburgh Water and Sewer Authority
Double Check Backflow Prevention Assembly (DC)
Field Test Report

Name of Premise _____

Service Address _____ **PWSA Account #:** _____

Property Owner _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Manufacturer of Device _____ Model # _____

Size of Device: _____ Serial #: _____

Location of Device: _____

Water Meter #: _____

Test Equipment:

Manufacturer: _____ Model: _____ Serial #: _____

Calibration Date: _____

Date test was performed: _____ Static Line Pressure: _____

	Check Valve #1	Check Valve #2	Shutoff Valve #2
Initial Test	Leaking () psid _____ Closed Tight ()	Leaking () psid _____ Closed Tight ()	Leaking () Closed Tight ()
Describe parts and repairs when needed			
Final Test	Leaking () psid _____ Closed Tight ()	Leaking () psid _____ Closed Tight ()	Leaking () Closed Tight ()

Certified Tester (print) _____

Phone #: _____

Certification # _____

Signature: _____ Date: _____

Comments and/or Recommendations: _____

Assembly Final Test

Performance PASS

Return Report To:

Pittsburgh Water and Sewer Authority
 Cross Connection Control / Engineering Dept.
 Penn-Liberty Plaza I
 1200 Penn Avenue
 Pittsburgh, PA 15222

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 Email: backflowinfo@pgh2o.com