

**Pittsburgh Water and Sewer Authority**  
**Reduced Pressure Principle Backflow Preventer (RP)**  
**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: \_\_\_\_\_

**PWSA Water Meter #:** \_\_\_\_\_

**Test Equipment:**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Calibration Date: \_\_\_\_\_

Date test was performed: \_\_\_\_\_ Static Line Pressure: \_\_\_\_\_

	Check Valve #2	Shutoff Valve #2	Check Valve #1	Pressure Differential Relief Valve
<b>Initial Test</b>	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid
<b>Describe parts and repairs when needed</b>				
<b>Final Test</b>	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid

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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