Pittsburgh Water & Sewer Authority

Mail completed form to:
PWSA Cross-Connection Compliance Department
1200 Penn Avenue Pittsburgh, PA 15222
Or email to backflow@pgh2o.com.
All items on the form must be completed or it will be returned.

BACKFLOW DEVICE TEST REPORT

Service Address _____

Name of Premises _____ Location of device _____

Device _____ _____ _____ _____
Manufacturer | Model | Size | Serial Number

Test Kit _____ _____ _____
Manufacturer | Serial Number | Date Certified

ACHD Permit Number (New Installs Only) _____

Reason for Test: Annual ☐ Repair ☐ Replace ☐ Install ☐

Type of Service: Domestic ☐ Fire ☐ Irrigation ☐

Reduced Pressure Principle Assembly

Relief Valve Opening Point	Check Valve # 2 Backpressure Test	Check Valve #1	No. 2 Shutoff Valve	Check Valve #2
Opened at _____ psid Did not open ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐

Double Check Valve Assembly

Check Valve # 2 Backpressure Test	Check Valve #1	No. 2 Shutoff Valve	Check Valve #2	Backflow
Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	**Passed** ☐ **Failed** ☐

Date _____ Time _____ Certification Number _____

I hereby certify that all work noted here was performed by myself and the information is correct.

_____ (Signature) _____ (Print Name).

Comments:

_____

_____

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