**BACKFLOW PREVENTION ASSEMBLY**

**TESTING & MAINTENANCE FORM**

*THIS FORM MUST BE COMPLETED BY AN ASSE-CERTIFIED TESTER*

**Lower Bucks County**

**Joint Municipal Authority**

**Cross-Connection Control**

**P.O. Box 505**

**Levittown, PA 19058**

1. **GENERAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME OF FACILITY | | ASSEMBLY LOCATION | | SERVICE CLASS | |
| SERVICE ADDRESS | | HAZARD ID# | ACCOUNT NUMBER | METER # | |
| MANUFACTURER | MODEL | | SERIAL NO | SIZE | TYPE |

1. **TEST & REPAIR INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CHECK VALVE NO. 1** | **CHECK VALVE NO. 2** | **DIFFERENTIAL PRESSURE RELIEF VALVE** | **PRESSURE VACUUM BREAKER** |
| **INITIAL TEST** | ☐ LEAKED  ☐ CLOSED TIGHT  PRESSURE DROP ACROSS  FIRST CHECK VALVE\_\_\_\_\_PSID | ☐ LEAKED  ☐ CLOSED TIGHT  PRESSURE DROP ACROSS  FIRST CHECK VALVE\_\_\_\_\_PSID | ☐ OPEN AT \_\_\_\_\_PSID  ☐ DID NOT OPEN | ☐ AIR NET OPENED AT \_\_\_\_\_PSID  ☐ DID NOT OPEN  ☐ CHECK VALVE\_\_\_\_\_PSID  ☐ CHECK VALVE LEAKED |
| **REPAIR** |  |  |  |  |
| **FINAL TEST** | ☐ LEAKED  ☐ CLOSED TIGHT  PRESSURE DROP ACROSS  FIRST CHECK VALVE\_\_\_\_\_PSID | ☐ LEAKED  ☐ CLOSED TIGHT  PRESSURE DROP ACROSS  FIRST CHECK VALVE\_\_\_\_\_PSID | ☐ OPEN AT \_\_\_\_\_PSID  ☐ DID NOT OPEN | ☐ AIR NET OPENED AT \_\_\_\_\_PSID  ☐ DID NOT OPEN  ☐ CHECK VALVE\_\_\_\_\_PSID  ☐ CHECK VALVE LEAKED |
| **REMARKS** | CONDITION OF NO. 2 ☐ CLOSED TIGHT ☐ LEAKED  CONTROL VALVE | | LINE PRESSURE\_\_\_\_\_\_\_PSIG | DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PASS  DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAIL |

1. **APPROVALS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **“I Hereby certify that this data if accurate and reflects the proper operation and maintenance of the assembly”** | | | | | | |
| NAME OF CERTIFIED BACKFLOW TESTER(PRINT) | | | PHONE NUMBER | BUSINESS NAME | | |
| TEST GAUGE SERIAL NUMBER | | TEST GAUGE LAST CALIBRATION DATE | | | | |
| INITIAL TEST | SIGNATURE OF INITIAL TESTER | CERTIFIED TESTER NUMBER | | | DATE | EXPIRATION DATE |
| REPAIRS | SIGNATURE OF REPAIRER | CERTIFIED TESTER NUMBER (IF APPLLICALBE) | | | DATE | EXPIRATION DATE |
| FINAL TEST | SIGNATURE OF FINAL TESTER | CERTIFIED TESTER NUMBER | | | DATE | EXPIRATION DATE |

All testers must have a current ASSE Certification. Tester or facility owner is encouraged to submit a copy of this paper via email to [nburnell@LBCJMA.com](mailto:nburnell@LBCJMA.com) as well as mailing the original to the address listed above.

**DUE DATE: October 31, 2023**