

The Municipal Authority of the Borough of Edgeworth

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TEST & MAINTENANCE FORM

Reduced Pressure Principal Assembly and/or Double Check Valve Assembly

Account # _____ Date _____ Degree of Hazard A _____ B _____ C _____

Name _____ Telephone # _____

Person Contacted _____

Service Address _____

Location of Device _____

Device Type _____ Model _____ Size _____ Serial # _____

Test Due Date _____ Next Test Due Date _____

Type of Service: Domestic _____ Fire Protection _____ Irrigation _____

Line Pressure at time of Test _____ lbs. Pressure Drop Across First Check Valve _____ lbs.

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
Initial Test	1. Leaked 2. Closed Tight	1. Leaked 2. Closed Tight	1. Opened at _____ lbs. 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, Upper _____ Disc, Lower _____ Spring _____ Diaphragm, Large Upper _____ Lower _____ Diaphragm, Small Upper _____ Lower _____ Spacer, Lower _____ Other, describe _____ _____ _____
Final Test	Closed Tight	Closed Tight	Opened at _____ lbs. Reduced Pressure
REMARKS: _____ _____			

The Above Report Is Certified To Be True:

Initial Test Performed By _____ of _____ Date _____

Repaired By _____ of _____ Date _____

Final Test Performed By _____ of _____ Date _____