

TEST AND MAINTENANCE REPORT FORM
RPZ - - Reduced Pressure Zone Assembly - - RPZ

Company Name: _____ Account No.: _____
Service Address: _____ Phone No.: _____
Contact Person: _____ Device Type: _____
Manufacturer: _____ Size: _____ Model: _____ Serial No.: _____
Degree of Hazard: _____ Location : _____ Meter No.: _____

INSTRUCTIONS TO APPROVED TESTERS: All applicable information must be typed. Please use "Y" or "N" to respond to YES or NO questions. All Certified testers must be current with the Township. Visit Township Website for instructions or call (724) 776-4806 ext. 1515

INITIAL TEST OF DEVICE

Check Valve #1	Closed Tight: _____	PSID	
Check Valve #2	Closed Tight: _____	PSID	Leaked: YES / NO
Differential PRV	Opened at: _____	PSID	Did not open: _____

MAINTENANCE OF DEVICE

Check Valve #1	Cleaned: _____	Repaired: _____
Check Valve #2	Cleaned: _____	Repaired: _____
Differential PRV	Cleaned: _____	Repaired: _____

CHANGED OR NEW DEVICE INSTALLED (Must be tested on line)

Date: _____/_____/_____	
Device Type: _____	Manufacturer: _____ Size: _____
Model: _____	Serial No.: _____

FINAL TEST OF DEVICE (If device fails – must be completed)

Check Valve #1	Closed Tight: _____	PSID
Check Valve #2	Closed Tight: _____	PSID
Differential PRV	Opened at: _____	PSID

DEVICE PASSED: _____ DATE TESTED: _____/_____/_____

Additional comments: _____

Testing Device Manufacturer: _____ Model No.: _____ Date Last Calibrated _____/_____/_____

The above report is certified to be true.

RETURN ORIGINAL TO:

Signature of Certified Tester

Testing Company

Cranberry Township Public Works
Sewer & Water Division
2525 Rochester Road, Suite 400
Cranberry Township, PA 16066
(724) 776-4806
<http://www.cranberrytownship.org>