

TEST and MAINTENANCE REPORT FORM
RPZ – REDUCED PRESSURE ZONE ASSEMBLY – RPZ

PLEASE COMPLETE THE FOLLOWING:

NAME:

DUE DATE:

ACCOUNT #:

DEVICE TYPE:

WATER METER:

SERIAL#:

MANUFACTURER:

MODEL#

SIZE:

INSTRUCTIONS TO APPROVED TESTERS: All applicable information must be typed or clearly printed. Please use “Y” or “N” to respond to YES or NO questions. Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination. **PLEASE ATTACH A COPY OF YOUR CERTIFICATION.**

INITIAL TEST OF DEVICE

Check Valve #1 Tight _____ PSID

Check Valve #2 Closed Tight: _____ Leaked: _____

Differential PRV Opened At: _____ PSID Did Not Open _____

Passed: _____ Tester: _____ Certificate: _____

Date: ____/____/____ Remarks: _____

MAINTENANCE OF DEVICE

Check Valve #1 Cleaned _____ Repaired _____

Check Valve #2 Cleaned _____ Repaired _____

Differential PRV Cleaned _____ Repaired _____

Repairs: _____

Date: ____/____/____ Repaired by: _____

CHANGED or NEW DEVICE INSTALL (must be tested on line)

Date: ____/____/____ Device Type: _____ Serial _____

Assembly _____ Size _____ Manufacturer _____ Model _____

Installed by _____ Remarks _____

FINAL TEST OF DEVICE (must be completed)

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

Passed: _____ Tester: _____ Certificate: _____

Date: ____/____/____ Remarks: _____

Additional Comments: _____

The above report is certified true.

Signature of approved tester

Print name as above

PLEASE RETURN TO:
RICHLAND TOWNSHIP MUNICIPAL AUTHORITY
2012 KRAMER ROAD
GIBSONIA, PA 15044-9632
724-443-9100 fax 724-443-9140