

BOROUGH OF BLAWNOX
376 FREEPORT ROAD, PITTSBURGH, PA 15238 – (412) 828-4141

INSPECTION REPORT
CROSS-CONNECTION & BACKFLOW-PREVENTION ASSEMBLY

Name of Owner: _____

Mailing Address: _____

Name of Premises: _____

Street Address: _____

Location of Assembly: _____ Installation Date: _____

Type of Assembly: _____ Manufacturer: _____

Size: _____ Model No. _____ Serial No. _____

Tested By (Firm Name): _____ Licensed Tester's No.: _____

Business Address: _____ Telephone No.: _____

Date of Test: _____ Fault: _____

Reason for Failure (if apparent): _____

Maintenance: _____ Date of Retest: _____

Line Pressure at Time of Test: _____ psi Drop Across Check Valve 1: _____ psid

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	1. Leaked _____ RP _____ psid 2. Closed Tight	1. Leaked _____ 2. Closed Tight	1. Opened at _____ psid reduced pressure 2. Did Not Open
Repairs	_____ Cleaned: _____ Repaired: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____ _____	_____ Cleaned: _____ Repaired: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____ _____	_____ Cleaned: _____ Repaired: _____ Disc, Upper _____ Disc, Lower _____ Spring _____ Diaphragm, Lg. _____ Upper _____ Lower _____ Diaphragm, Sm. _____ Upper _____ Lower _____ Spacer, Lower _____ Other, describe _____ _____ _____
Final Test	RP _____ psid Closed Tight	Closed Tight	Opened at _____ psid reduced pressure

Remarks _____

I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY AND THAT IT MEETS THE PERFORMANCE REQUIREMENTS OF THE BOROUGH OF BLAWNOX.

 (Signature Licensed Tester)