

TEST AND MAINTENANCE REPORT FORM  
DC - - Double Check Valve Assembly - - DC

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: \_\_\_\_\_

**MAINTENANCE OF DEVICE**

Check Valve #1 Cleaned: \_\_\_\_\_ Repaired: \_\_\_\_\_  
Check Valve #2 Cleaned: \_\_\_\_\_ Repaired: \_\_\_\_\_  
Repairs: \_\_\_\_\_

**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

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

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

\_\_\_\_\_  
Testing Company