

Brookville Municipal Authority

18 Western Avenue, Suite A

Brookville, PA 15825

Phone (814)849-5320 Fax (814)849-4964

Test & Maintenance Field Data – Reduced Pressure Zone Assembly

Owner: _____ Size: _____

Service Number: _____ Assembly Number: _____ Meter: _____

Manufacturer: _____ Serial Number: _____ Model: _____

Initial Test

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

Check Valve #1 Cleaned: _____ Repaired: _____

Check Valve #2 Cleaned: _____ Repaired: _____

Differential PRV Cleaned: _____ Repaired: _____

Repairs: _____

Date: ____/____/____ Repaired By: _____

Final Test

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

Passed: _____ Tester: _____ Certificate: _____

Date: ____/____/____ Remarks: _____

NOTE: All information must be typed or clearly printed.

Additional Comments: _____

The above report is certified to be true_____
Signature of Certified Tester