

Brookville Municipal Authority

18 Western Avenue, Suite A
Brookville, PA 15825
Phone (814)849-5320 Fax (814)849-4964

Test & Maintenance Field Data – Pressure Vacuum Breaker Assembly

Owner: _____ Size: _____
Service Number: _____ Assembly Number: _____ Meter: _____
Manufacturer: _____ Serial Number: _____ Model: _____
Type of Service: Domestic Fire Irrigation Backflow Device Location: _____ Isolation Containment

Initial Test

Air Inlet Opened at: _____ PSID Did Not Open: _____
Check Valve Tight: _____ PSID Leaked: _____
Passed: _____ Tester: _____ Certificate: _____
Date: ___/___/___ Remarks: _____

Maintenance

Air Inlet Cleaned: _____ Repaired: _____
Check Valve Cleaned: _____ Repaired: _____
Repairs: _____
Date: ___/___/___ Repaired By: _____

Final Test

Air Inlet Opened at: _____ PSID Check Valve Tight: _____ 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