

BEDFORD REGIONAL WATER AUTHORITY

TEST AND MAINTENANCE REPORT

CUSTOMER: _____
 STREET ADDRESS: _____
 MAILING ADDRESS: _____
 ASSEMBLY LOCATION: _____
 TYPE OF ASSEMBLY: **RP** **DCVA** **PVB** **SVB** SIZE: _____
 MANUFACTURER: _____ MODEL: _____ SERIAL NO: _____
 GAUGE MANUF: _____ SERIAL NO: _____ DATE CALIBRATED: _____

Check Valve #1	Relief Valve	Check Valve #2	PVB or SVB
<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight differential pressure across check valve _____ psi	Opened at: _____ psi or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight OPTIONAL TEST Differential pressure across check valve _____ psi	Air Inlet: did not open <input type="checkbox"/> or opened at _____ psi
	Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight		Check Valve: leaked <input type="checkbox"/> or held at _____ psi
Replaced: Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> CV cleaned only	Replaced: RV Rubber kit <input type="checkbox"/> RV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> RV cleaned only	Replaced: Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> CV cleaned only	Replaced: Rubber parts kit <input type="checkbox"/> CV assembly <input type="checkbox"/> Air inlet valve <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> Cleaned only
	For DCVA Only: Inlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight		
Differential pressure across check valve _____ psi	Relief valve opened at _____ psi	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	Air inlet _____ psi Check valve _____ psi

NOTE: All repairs shall be completed within five (5) working days.

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT. No: _____ DATE: _____

ASSEMBLY RE-CERT Due Date: _____ TIME: _____

This Assembly: **PASSED** **FAILED** **Signature:** _____