

Oakdale Borough  
Municipal Authority  
724-693-9740

**TEST & MAINTENANCE FIELD DATA  
DOUBLE CHECK VALVE ASSEMBLY**

104 Seminary Ave  
Oakdale, PA 15071  
Fax: 724-693-0100

Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_

Location of Device: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Size: \_\_\_\_\_ Serial Number: \_\_\_\_\_

**INITIAL TEST**

	#1 Closed Tight	#1 Leaked	#2 Closed Tight	#2 Leaked
Check Valve	_____	_____	_____	_____
Passed: _____	Tester: _____		Certificate: _____	
Date: _____	Remarks: _____			

**MAINTENANCE**

	#1 Cleaned	#1 Repaired	#2 Cleaned	#2 Repaired
Check Valve	_____	_____	_____	_____
Repairs: _____	_____			
Date: _____	Repaired By: _____			

**FINAL TEST**

Closed Tight	#1 _____	#2 _____	
Passed: _____	Tester: _____		Certificate: _____
Date: _____	Remarks: _____		

NOTE: All information must be typed or clearly printed.

Additional Comments: \_\_\_\_\_

The above report is certified to be true

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

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Certified Tester

Oakdale Borough  
Municipal Authority  
724-693-9740

**TEST & MAINTENANCE FIELD DATA  
REDUCED PRESSURE ZONE ASSEMBLY**

104 Seminary Ave  
Oakdale, PA 15071  
Fax 724-693-0100

Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_

Location of Device: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Size: \_\_\_\_\_ Serial Number: \_\_\_\_\_

**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.

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

Address: \_\_\_\_\_

Signature of Certified Tester \_\_\_\_\_