

**Pennsylvania American Water**

Attention: Cross Connection Department  
2699 Stafford Ave, Scranton, PA 18505-3608

Phone: 1-877-290-1769 Email: paw.cc@amwater.com Fax:1-570-341-3296

Contract Account Number:  
Location Information  
Service For:  
Service Address:

Premise Number:  
Device Information  
BFA Type:  
Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Manuf. Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_  
Water Meter Number: \_\_\_\_\_

Type of Service: Domestic  Fire  Irrigation

Location of Device:

New Assembly  Isolation  Containment  Replaces Serial No: \_\_\_\_\_

**TEST MEASUREMENTS**

	DC		RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve	Air Inlet
<b>Initial</b> Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID
<b>Final</b> Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held _____ PSID

**AIR GAP** Measured vertical inches above overflow \_\_\_\_\_ Supply Size Diameter \_\_\_\_\_

**COMMENTS (including maintenance performed):**  
\_\_\_\_\_  
\_\_\_\_\_

**TESTER INFORMATION**

**INITIAL** Tester Name \_\_\_\_\_

Company \_\_\_\_\_

**PASS**  Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**FAIL**  Signature \_\_\_\_\_

Certified Tester Number: \_\_\_\_\_

Testing Equipment Calibration Date: \_\_\_\_\_

Testing Equipment Serial Number: \_\_\_\_\_

**FINAL** Tester Name \_\_\_\_\_

Company \_\_\_\_\_

**PASS**  Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**FAIL**  Signature \_\_\_\_\_

Certified Tester Number: \_\_\_\_\_

Testing Equipment Calibration Date: \_\_\_\_\_

Testing Equipment Serial Number: \_\_\_\_\_

**BACKFLOW TEST FORM - TO BE COMPLETED BY A STATE CERTIFIED OR QUALIFIED TESTER**

The above report is certified to be true at the time of the test

Please return completed form by \_\_\_\_\_