



Backflow Prevention Assembly Test and Maintenance Report

PWS I.D. #0610004

Facility Name: _____
 Service Address: _____
 Mailing Address: _____
 Contact Person: _____
 Title: _____ Tel #: _____

Location Sketch:	Notes:

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. YES / NO

Type of Assembly:

- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Device Type: Dom Irr Fire Other **Size:** _____
Manufacturer: _____ **Located At:** _____
Model #: _____ **Serial #:** _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES / NO

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
INITIAL TEST	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid Did Not Open <input type="checkbox"/>	Opened at ____ psid Did Not Open <input type="checkbox"/>	Opened at ____ psid Leaked <input type="checkbox"/>
REPAIRS & MATERIALS USED					
TEST AFTER REPAIR	Held at ____ psid Closed Tight <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	Held at ____ psid

Test Gauge Used: Make/Model: _____ Serial #: _____ Calibration Date: _____

Remarks: _____

The above information is certified to be true at the time of testing.

Company Name: _____ Tel #: _____
 Address: _____
 Certified Tester Signature: _____ Certified Tester #: _____
 Printed Name: _____ Device Test Date: _____

TEST RECORDS MUST BE KEPT FOR AT LEAST 3 YEARS. USE ONLY MANUFACTURER'S REPLACEMENT PARTS.