



P.O. BOX 5096, JONESTOWN, TEXAS 78645  
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**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

LOCATION OF SERVICE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 Backflow Preventer Purpose: \_\_\_\_\_

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.

**TYPE OF ASSEMBLY**

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle - Detector
- Double Check Valve - Detector
- Spill Resistant Vacuum Breaker

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_  
 Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Location on property: \_\_\_\_\_  
 Is the assembly installed in accordance with the manufacturer recommendations and local codes? \_\_\_\_\_

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double-Check Valve Assembly		Differential Pressure Relief Valve	Spill Resistant Vacuum Breaker	
Passed _____ Failed _____	#1 Check Valve	#2 Check Valve		Air Relief	Check Valve
Initial Test	DCVA ___ . ___ PSI	DCVA ___ . ___ PSI	Opened at ___ . ___ PSID Did not open <input type="checkbox"/>	Opened at ___ . ___ PSID Did not open <input type="checkbox"/>	Closed at ___ . ___ PSID Leaked <input type="checkbox"/>
Repairs					
Test After Repairs	DCVA ___ . ___ PSI	DCVA ___ . ___ PSI	Opened at ___ . ___ PSID	Opened at ___ . ___ PSID	Closed at ___ . ___ PSID
	RPZ ___ . ___ PSID	RPZ <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight			

Test gauge used -- Make/Model: \_\_\_\_\_ SN: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

The above is certified to be true at the time of testing \_\_\_\_\_

Firm Name: \_\_\_\_\_ Certified Tester: \_\_\_\_\_  
 Firm Address: \_\_\_\_\_ Cert. Tester No.: \_\_\_\_\_  
 Firm Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_ HAZARD? Y N

Test Report Provided to: \_\_\_\_\_