



Backflow Prevention Assembly Test and Maintenance Report

Business Name _____

Business Address _____ Zip: _____ Phone: _____

Property Owner _____

Mailing Address _____

City: _____ State: _____ Zip: _____ Phone: _____ (_____) _____

PVS____ SVS____ DC____ DCDA____ RP____ RPDA____ AIR GAP____ OTHER____

Size: _____ Manufacturer: _____ Model: _____

Detail Assembly Location: _____

Protection From: _____

Water Turn Off Authorization: _____ Time: _____

Is the assembly installed in accordance with manufacturers recommendations and/or local codes? Yes____ No____

Test Date	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check		Opened at _____psid	Held at _____psid
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"/>	Did not Open <input type="checkbox"/>	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: Manufacturer/Model: _____ SN: _____ Calibration Date: _____

Remark: _____

The Backflow Prevention Assembly detailed above has been tested and maintained as required by TCEQ Regulations and is certified to be operating within acceptable parameters:

X _____

Testers Name: _____ Company Name _____

Company Address: _____ Phone Number: _____

Certified Tester Number: _____ Date: _____ Service Restored: ☐Yes ☐No