Texas Commission on Environmental Quality

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	
PWS ID#:	
MAILING ADDRESS:	
CONTACT PERSON:	
LOCATION OF SERVICE:	

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY: ☐ Reduced Pressure Principle ☐ Reduced Pressure Principle-Detector
☐ Double Check Valve ☐ Double Check-Detector
☐ Pressure Vacuum Breaker ☐ Spill-Resistant Pressure Vacuum Breaker

Manufacturer:		Size:	
Model Number:		Located At:	
Serial Number:			

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
	1st Check	2nd Check			
Initial Test	Held at ____ psid Closed Tight ☐ Leaked ☐	Held at ____ psid Closed Tight ☐ Leaked ☐	Opened at ___ psid Did not open ☐	Opened at ____ psid Did not open ☐	Held at _____ psid Leaked ☐
Repairs and Materials Used**					
Test After Repair	Held at ____ psid Closed Tight ☐	Held at ____ psid Closed Tight ☐	Opened at ___ psid	Opened at ____ psid	Held at _____ psid

Test gauge used:

Make/Model:		SN:		Date tested for accuracy:	
Remarks:					

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

Firm Name:		Certified Tester Name (Print/Type):			
Firm Address:		Certified Tester Name (Signature):			
Firm Phone #:		Cert. Tester No.:		Date of Test:	

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