

**BACKFLOW PREVENTION ASSEMBLY
 TEST AND MAINTENANCE REPORT**

Submit Original Only

License Date: _____

Cert. Date: _____

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. IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS AND/OR LOCAL CODES _____

MAKE OF DEVICE _____ PHYSICAL LOCATION OF DEVICE _____
 MODEL NUMBER _____
 SERIAL NUMBER _____ SIZE _____
 SERVES _____

ATTACHED TO METER # _____ (Required)

*** New Cert. ____ Re-Cert. ____ Re-Cert.(not prev tested) ____ Removed ____

INITIAL TEST	Reduced Pressure Assembly ___ RPDA ___		Relief Valve	Pressure Vacuum Breaker or S V B	
	Double Check Assembly ___ DCDA ___			AIR INLET	CHECK VALVE
	1st Check	2nd Check			
	DC- _____psid	Closed Tight _____	Opened at _____psid	Opened at _____psid	Held at _____psid
	Closed tight _____	DC- _____psid	Did not Open _____	Did not Open _____	Leaked _____
	RP- _____psid	Leaked _____			
	Leaked _____				
REPAIRS AND MATERIALS USED					
TEST AFTER REPAIR	DC- Closed tight _____	Closed tight _____	Opened at _____psid	Opened at _____psid	_____psid
	RP- _____psid				

The Above is Certified To Be True At Time of Testing

OWNER OF DEVICE:

CUSTOMER NAME _____ DATE _____ TIME _____ AM/PM

CUSTOMER MAILING ADDRESS _____ CERTIFIED TESTER _____

PHYSICAL ADDRESS _____ TESTER NO. _____

PHONE NUMBER _____ COMPANY NAME _____

CUSTOMER SIGNATURE _____ ADDRESS _____

DATE _____ PHONE _____ FAX _____

GAUGE MAKE _____ MODEL _____ S/N _____ TEST DATE _____