



Forward This Report to: Building Inspections
 PO Box 68
 124 Moody Street
 Mason, TX 76856-0068
 PWS ID No. 1600001

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

Test and Maintenance Report

ILLEGIABLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer Information – Please Print

Property Owner/Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Backflow Assembly Information – Please Print

Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____
 _____ New _____ Existing _____ Replacement (Replacement for: _____)

Physical Address: _____

Type of Assembly

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

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____ Yes _____ No

	Reduced Pressure Backflow Assembly			Pressure Vacuum Breaker	
	Double-Check Valve Assembly		Differential Pressure Relief Valve	Spill Resistant Vacuum Breaker	
	#1 Check valve	#2 Check Valve		Air Relief	Check Valve
Initial Test	DCVA _____ PSI		DCVA _____ PSI	Opened at _____ PSID	Opened at _____ PSID
	RPZ _____ PSID		<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open
Repairs					
Test After Repairs	DCVA _____ PSI	DCVA _____ PSI	Opened at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
	RPZ _____ PSID	<input type="checkbox"/> Closed Tight			

Test Gauge used Make / Model _____ Calibration Date _____

Remarks: _____

Firm Name _____ Certified Tester _____

Firm Address _____ Cert. Tester No. _____ Date _____

Firm Phone # _____