



Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME	
PROPERTY ADDRESS	
MAILING ADDRESS	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	EMAIL

ASSEMBLY TYPE					
<input type="checkbox"/> REDUCED PRESSURE PRINCIPLE (RP)		<input type="checkbox"/> REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)			
<input type="checkbox"/> PRESSURE VACUUM BREAKER (PBV)		<input type="checkbox"/> DOUBLE CHECK VALVE (DCV)		<input type="checkbox"/> SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)	
THE BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.					
DATE INSTALLED	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	SIZE	LOCATED AT
IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI	<input type="checkbox"/> CLOSED TIGHT _____ PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES
* TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS. TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER. ** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR	
COMPANY NAME	CONTRACTOR REGISTRATION NUMBER.
COMPANY ADDRESS	
PHONE NUMBER	
CERTIFIED TESTER	
FIRST NAME	LAST NAME
CERTIFIED TESTER NUMBER	
W. O. C. ENGINEER	
TEST DATE	

TEST GAUGE USED	
MAKE/MODEL	SERIAL NUMBER
CALIBRATION DATE (Tested Annually)	
REMARKS	

ACKNOWLEDGMENT	
THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.	
BACKFLOW TEST STATUS	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE OF CERTIFIED TESTER	DATE
PRINT NAME	