



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.

Department of Public Works
 16327 Lakeview Drive
 Jersey Village, TX 77040
 713-466-2110
 FAX: 713-466-2140

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

REQUIRED! IS THIS A REPLACEMENT? **NO** **YES** **SERIAL # OF REPLACED DEVICE WAS**

SERIAL NUMBER: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

Assembly Address: _____

PVB DC RP Air Gap SVB DCDA RPDA Other

Size: _____ Make: _____ Model: _____

Assembly Physical Location: _____

Reason Device is installed: _____

Is the Assembly installed in accordance with manufacturer's recommendations and/or local codes? ____ yes ____ no											
INITIAL TEST	DOUBLE CHECK	REDUCED PRESSURE	PRESSURE VACUUM BREAKER								
Passed <input type="checkbox"/> Failed <input type="checkbox"/> ____/____/____ Static Press. _____	Check # 1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid Check # 2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	Relief Valve Opened at _____ psid (min. 2) Check # 1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid Check # 2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Air Inlet</td> <td style="width:50%;">Check</td> </tr> <tr> <td>Opened at _____ psid (min. 1)</td> <td>Held at _____ psid (min. 1)</td> </tr> <tr> <td>Did not open <input type="checkbox"/></td> <td>Failed <input type="checkbox"/></td> </tr> <tr> <td>Passed <input type="checkbox"/></td> <td>Passed <input type="checkbox"/></td> </tr> </table>	Air Inlet	Check	Opened at _____ psid (min. 1)	Held at _____ psid (min. 1)	Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>	Passed <input type="checkbox"/>	Passed <input type="checkbox"/>
Air Inlet	Check										
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Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>										
Passed <input type="checkbox"/>	Passed <input type="checkbox"/>										
TEST AFTER REPAIRS	DOUBLE CHECK	REDUCED PRESSURE	PRESSURE VACUUM BREAKER								
Passed <input type="checkbox"/> Failed <input type="checkbox"/> ____/____/____	Check # 1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid Check # 2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	Relief Valve Opened at _____ psid (min. 2) Check # 1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid Check # 2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Air Inlet</td> <td style="width:50%;">Check</td> </tr> <tr> <td>Opened at _____ psid (min. 1)</td> <td>Held at _____ psid (min. 1)</td> </tr> <tr> <td>Did not open <input type="checkbox"/></td> <td>Failed <input type="checkbox"/></td> </tr> <tr> <td>Passed <input type="checkbox"/></td> <td>Passed <input type="checkbox"/></td> </tr> </table>	Air Inlet	Check	Opened at _____ psid (min. 1)	Held at _____ psid (min. 1)	Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>	Passed <input type="checkbox"/>	Passed <input type="checkbox"/>
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Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>										
Passed <input type="checkbox"/>	Passed <input type="checkbox"/>										
The Backflow Assembly above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.											

Test gauge used: Make/Model _____ SN: _____ Calibration Date: _____

Certified Tester #: _____ Company Name: _____

Company Address: _____ Phone: _____

Print Tester's Name: _____ Tester's Signature: _____ Repairs & Materials

Used: _____ Service Restored: