



**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**  
 ILLEGIBLE OR INCOMPLETE TEST WILL NOT BE ACCEPTED

Name on Property: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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.

**TYPE OF ASSEMBLY**

- |   |  |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle Detector     |
| <input type="checkbox"/> Double Check Valve         | <input type="checkbox"/> Double Check Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker    | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Serving Appliance/System \_\_\_\_\_

Is the assembly installed in accordance with manufacture recommendation and/or local codes? \_\_\_\_\_ (YES/NO)

	Reduced Pressure Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check		Opened at _____psid	Held at _____psid
Initial Test Date	Held at _____psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Open at _____psid Did Not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Material used					
Test After Repair	Held at: _____psid Closed Tight <input type="checkbox"/>	Held at: _____psid Closed Tight <input type="checkbox"/>	Opened at: _____psid	Opened at: _____psid	Held at: _____psid

Test Gauge used: Make/Model: \_\_\_\_\_ SN: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\* The above is certified to be true at the time of testing:

Firm Name: \_\_\_\_\_ Certified Tester's Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_ Cert. Tester No. \_\_\_\_\_ Date: \_\_\_\_\_

Firm Phone #: \_\_\_\_\_ Contractor #: \_\_\_\_\_

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

Deliver or mail this form to City of Mont Belvieu, P.O. Box 1048, 11607 Eagle Drive, Mont Belvieu Ts. 77580