

Water Utility Customer Backflow Prevention Assembly Test and Maintenance Report



Owner/Business Name _____

Service Address, Zip code _____ NEW EXISTING REPLACEMENT

Location of Assembly _____ RPBA RPBA-D DCVA-D DCVA PVB SVB

Manufacture and Model # of assembly _____ Serial # _____ Size _____

Replacing the assembly please supply failed test report and old assembly serial number # _____ Commercial Residential

Containment Isolation NBU Tracking # _____ BPA Serves: _____ OSSF or Septic on site: Yes No

Domestic Water PSI:	Reduced Pressure Principle Assembly (RPBA)			PVB & SVB	
	DCVA		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check***			
Initial Test Date: Time:	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Opened at ____ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
Repairs and Materials Used**					
Test After Repair Date: Time:	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

**2nd Check: Numeric reading required for DCVA only

Is this assembly installed in accordance with manufacturer recommendations and/or plumbing codes? Yes No

Is the assembly installed on a non-potable water supply (auxiliary)? Yes No

Remarks: _____

CERTIFICATIONS

1. I hereby certify that the aforementioned data is accurate and reflects the proper operation and maintenance of the captioned assembly.
2. I personally performed the field test herein, described above.
3. Use ONLY Manufacturer's replacement parts.
4. Test records are REQUIRED be kept for a minimum of three years (30 TAC:290.46(B))

Licensed Tester (printed): _____ Company Name: _____ Contact Phone # _____

Differential Pressure Gauge used: Potable Non-Potable

Make/Model: _____ Serial # _____ Date Tested for Accuracy _____

Assembly Date Tested: _____ Pass Fail Tester ID (BPAT#): BP _____ Exp. Date: _____

Entering your name in the signature box constitutes an electronic signature and is legally equivalent to your written signature

Licensed Tester (Signature): _____

