



Backflow Prevention Assembly Test & Maintenance Report

(Illegible or incomplete reports will not be accepted)

Property Owner

Name: _____ Phone # _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Name of Business (if applicable) _____
 Office # _____ Email: _____

Type of Assembly

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

Manufacturer: _____	Size: _____
Model Number: _____	Serial Number: _____

Physical Location of Assembly: _____

Testing

Reduced Pressure Principle Assembly		Pressure Vacuum Breaker		
Double Check Valve Assembly		Relief Valve	<input type="checkbox"/> Air Inlet	<input type="checkbox"/> Check Valve
1 st Check	2 nd Check			
Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Leaked
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked			

Backflow prevention assembly has been tested and Maintained as required by TCEQ regulations and certified to be operated with acceptable parameters. Yes No

Is the assembly installed with manufacturer recommendations Yes No

Assembly meets the City of Kilgore required standards/Codes Yes No

Initial Test <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Passed <input type="checkbox"/> Failed Re-Test <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Passed <input type="checkbox"/> Failed Date of Test: _____	Test gauge Used
	<i>Make/Model</i> : _____ Serial Number: _____ Calibration Date: _____

Contractor

Name of Company: _____ Office # _____
 Certified Tester: _____ Contact Phone # _____
 Certified Tester Number: _____ Email: _____