



Backflow Prevention Assembly Test and Maintenance Report

A report must be completed each time an assembly is tested. The signed and dated original, for each report must be submitted to: CITY OF VENUS PO BOX 380 VENUS, TEXAS 76084

Property Owner _____

Address of BPA _____

City, State Zip _____

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ 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 No.: _____

Located at: _____

Serial No.: _____

Description of Hazard: _____

Is the assembly installed in accordance with 30 TAC §§290.44(h)(4), manufacturer recommendations, and COM Ordinance No. 2001-43? _____

_____	Reduced Pressure Principal Assembly		Pressure Vacuum Breaker		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test	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"/>	Opened at ___ psid Did not open <input type="checkbox"/>
Repairs and Materials 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 _____ Serial No. _____ Tested for Accuracy (Calibration) Date: _____

Remarks:

The above is certified to be true at the time of testing.

Firm Name: _____ Tester's Name _____ Date tested: _____

Firm Address: _____ Cert. Tester No. _____ Expires: _____

Firm Phone No. _____

Tester's Signature: _____