Texas Commission on Environmental Quality

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	
PWS ID#:	
PWS MAILING ADDRESS:	
PWS CONTACT PERSON:	
ADDRESS OF SERVICE:	

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

TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):			
☐	Reduced Pressure Principle (RPBA)	☐	Reduced Pressure Principle-Detector (RPBA-D) Type II ☐
☐	Double Check Valve (DCVA)	☐	Double Check-Detector (DCVA-D) Type II ☐
☐	Pressure Vacuum Breaker (PVB)	☐	Spill-Resistant Pressure Vacuum Breaker (SVB)

Manufacturer:	Main:	Bypass:	Size:	Main: Bypass:
Model Number:	Main:	Bypass:	BPA Location:	
Serial Number:	Main:	Bypass:	BPA Serves:	

Reason for test:	New ☐	Existing ☐	Replacement ☐	Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?			☐ Yes	☐ No
Is the assembly installed on a non-potable water supply (auxiliary)?			☐ Yes	☐ No

TEST RESULT ☐ PASS ☐ FAIL	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA					
	1st Check	2nd Check***	Relief Valve	Bypass Check	Air Inlet	Check Valve
Initial Test Date: Time:	Held at ____ psid ☐ Closed Tight ☐ Leaked	Held at ____ psid ☐ Closed Tight ☐ Leaked	Opened at ____ psid Did not open ☐	Held at ____ psid ☐ Closed Tight ☐ Leaked	Opened at ____ psid ☐ Did not open ☐ Did it fully open (Yes ☐ /No ☐)	Held at ____ psid ☐ Leaked
Repairs and Materials Used**	Main: Bypass:					
Test After Repair Date: Time:	Held at ____ psid ☐ Closed Tight	Held at ____ psid ☐ Closed Tight	Opened at ____ psid	Held at ____ psid ☐ Closed Tight	Opened at ____ psid	Held at ____ psid

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:			Potable: ☐	Non-Potable: ☐	
Make/Model:		SN:		Date tested for accuracy :	

Remarks:

Company Name:		Licensed Tester Name (Print/Type):	
Company Address:		Licensed Tester Name (Signature):	
Company Phone #:		BPAT License #	
		License Expiration Date:	

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

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS