Mont Belvieu
TEXAS

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

- ☐ Reduced Pressure Principle
- ☐ Double Check Valve
- ☐ Pressure Vacuum Breaker
- ☐ Reduced Pressure Principle Detector
- ☐ Double Check Detector
- ☐ 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			Air Inlet	Check Valve
	1st Check	2nd Check	Relief Valve	Opened at ____psid	Held at____psid
Initial Test Date	Held at ____psid Closed Tight ☐ Leaked ☐	Held at ____psid Closed Tight ☐ Leaked ☐	Open at ____psid Did Not Open ☐	Did not Open ☐	Leaked ☐
Repairs and Material used					
Test After Repair	Held at: ____psid Closed Tight ☐	Held at: ____psid Closed Tight ☐	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

Please upload to the project by using https://mgoconnect.org/cp?JID=135 and also have a form on job site