

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:		

Meter #

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

*** 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