



Forward This Original Report to: Public Works Utilities
 3210 E. Avenue H, Bldg A, Ste 123
 Temple, TX 76501
 (254) 298-5619
 Water System ID No. 0140005

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

Test and Maintenance Report

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer Information - Please Print

Property Owner/Agent: _____
 Mailing Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____

Backflow Assembly Information - Please Print

Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____
 _____ New _____ Existing _____ Replacement (Replacement for: _____)
 Is this commercial property? _____ Yes _____ No Water Meter #: _____
 Occupant/Business Name: _____
 Physical Address: _____
 Assembly location on the property: _____
 Reason the assembly is installed: _____

Type of Assembly

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

Is the assembly installed in accordance with manufacturer recommendation and/or local codes? _____ Yes _____ No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Held at _____ PSID <input type="checkbox"/> Leaked
Repairs & Materials Used*					
Test After Repairs	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.

Backflow Test Status _____ Pass _____ Fail Date of test ____ / ____ / ____
 Test gauge used: Make/Model _____ Gauge Serial Number _____
 Date Tested for Accuracy ____ / ____ / ____
 Backflow Technician _____ Certification Number _____
 Company Name _____
 Company Address _____
 Phone (____) _____ Technician's Signature: _____

*Use only Manufacturers replacement parts / **Test records must be kept on file for at least 3 years.