



CITY OF KERRVILLE
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF BUSINESS OR HOME OWNER'S NAME: _____

PHYSICAL ADDRESS: _____

PURPOSE, and LOCATION OF BACKFLOW ASSEMBLY: _____

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

TYPE OF ASSEMBLY: Reduced Pressure Backflow Assembly Double Check – Detector (**fire line only**)
 Double Check Valve Other _____

Manufacturer _____ Size _____ Date of Installation _____

Model Number _____ Serial Number _____

Did assembly pass inspection? Yes No If No, explain: _____

Is the assembly installed in accordance with manufacturer recommendations and or local codes? Yes No

If no, explain: _____

Reduced Pressure Backflow Assembly			
Double Check Valve Assembly			
	1 st Check	2 nd Check	Relief Valve
Initial Test	Held at _____ psig Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psig Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psig Did not open <input type="checkbox"/>
Repairs and Materials Used			
Test After Repair	Held at _____ psig Closed Tight <input type="checkbox"/>	Held at _____ psig Closed Tight <input type="checkbox"/>	Opened at _____ psig

Test gauge used: Make/Model _____ SN: _____ Calibration Date: _____

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

Firm Name: _____

Certified Tester: _____

Firm Phone #: _____

Certified Tester #: _____

Firm Address: _____

Date Test Conducted: _____

Comments: