



# Backflow Device Test Report

Permit #: _____	Date: _____
Backflow: <input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg <input type="checkbox"/> Lic exp

6800 Main Street, The Colony, TX 75056  
 Phone 972-624-3158

*There is a fee for all existing annual backflow test reports, excluding fire sprinklers.  
 Annual backflow device test reports are submitted online to Backflow Solutions Incorporated at [www.bsionlinetracking.com](http://www.bsionlinetracking.com).*

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> New Assembly	<input type="checkbox"/> Existing Assembly	<input type="checkbox"/> Repair of Existing Assembly
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Job Address: \_\_\_\_\_

System Owner: \_\_\_\_\_

Assembly Location: \_\_\_\_\_

**THE BACKFLOW PREVENTION ASSEMBLY LISTED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.**

### TYPE OF ASSEMBLY

<input type="checkbox"/>	Reduced Pressure Principle	<input type="checkbox"/>	Pressure Vacuum Breaker
<input type="checkbox"/>	Double Check	<input type="checkbox"/>	Atmospheric Vacuum Breaker

Manufacturer: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Model Number: \_\_\_\_\_ Size: \_\_\_\_\_

	Reduced Pressure Principle Assembly / Double Check Valve Assembly			Pressure Vacuum Breaker	
	1st Check	2 <sup>nd</sup> Check	Relief Valve	Air Inlet	Check Valve
<b>Initial Test</b>	DC – Closed Tight _____ RP- _____ psid Leaked _____	Closed Tight _____ Leaked _____	Opened At: _____ psid	Opened At: _____ psid Did not open _____	_____ psid Leaked _____
<b>Repair</b>	<u>Repairs/Materials Used:</u>				
<b>Test After Repair</b>	DC- Closed Tight _____ RP - _____psid	Closed Tight _____	Open At: _____ psid	Open At: _____ psid	_____ psid

**Pass**  **Fail**

Certified Tester: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Tester #: \_\_\_\_\_ Contractor Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_