



CITY OF SCHERTZ PWS # 0940003
1400 SCHERTZ PKWY
SCHERTZ, TEXAS 78154
PHONE (210) 619-1750
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The following form must be completed for each assembly tested. A signed and dated ORIGINAL must be submitted to the City of Schertz for recordkeeping purposes. Incomplete forms will be returned.

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

TYPE OF ASSEMBLY: RESIDENTIAL DEVICE COMMERCIAL DEVICE

*****MUST CHECK ONE*****

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

Manufacturer: _____ Model Number: _____
 Serial Number: _____ Size: _____ Location of Device on the Property: _____
 Device Type: Irrigation Domestic Equipment Fireline Date Tested: _____
 Service Address: _____ New ___ Existing ___ Replacement ___
 Assembly ID # _____ Test Gauge ID # _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly				
	1st Check	2nd Check	Relief Valve	Air Inlet	Check Valve
Initial Test	Held at ___ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ___ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___psid Did not open <input type="checkbox"/>	Opened at ___ psid Did not open <input type="checkbox"/>	Held at ___ psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repairs/Final	Held at ___ psid Closed Tight <input type="checkbox"/>	Held at ___ psid Closed Tight <input type="checkbox"/>	Opened at ___psid	Opened at ___ psid	Held at ___ psid

****The fields for the Initial test, Final Test and Relief Valve must ALL be completed for RP devices. The 1st and 2nd check valve fields must be completed for all DC devices. TEST RECORDS MUST BE KEPT FOR AT LEAST 3 YEARS. USE ONLY MANUFACTURER'S REPLACEMENT PARTS**** Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

Test gauge used: Make/Model _____ SN: _____ Date Tested for Accuracy: _____
 (The above is certified to be true at the time of testing.)

Remarks: _____

I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the captioned equipment. I personally performed or directly supervised the field test herein described. I hereby certify the device has been in constant use at this location in a manner required by Commission regulations during the entire prescribed Interval between test periods and during period this device was not by-passed, made Inoperative or removed without proper authorization. All defects found during the operating period or during tests of the device were immediately corrected to the specification required by Commission regulations.

Firm Name: _____ Printed Name of Certified Tester: _____
 Firm Address: _____ Certified Tester Signature: _____
 Firm Phone #: _____ Certified Tester No: _____ Date: _____