



**Building Inspections**  
 214 Meadow Park Dr.  
 White Settlement, Tx. 76108  
 817-246-4971 Fax 817-246-8761

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Existing   
  New   
  Replacement   
 Serial # \_\_\_\_\_

Property Owner \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Assembly Address \_\_\_\_\_  
 Size \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 Assembly Location \_\_\_\_\_

<input type="checkbox"/> PV <input type="checkbox"/> DC <input type="checkbox"/> RP <input type="checkbox"/> AIR GAP <input type="checkbox"/> SVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> OTHER <input type="checkbox"/> USE _____							
<b>INITIAL TEST</b>  PASSED <input type="checkbox"/>  FAILED <input type="checkbox"/>  ____/____/____ Date	<b>DOUBLE CHECK</b> <b>Check #1</b> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Confirm <input type="checkbox"/> <hr/> <b>Check #2</b> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Confirm <input type="checkbox"/>	<b>REDUCED PRESSURE RELIEF VALVE</b> Opened at _____ psi (min. 2) <b>#2 Check</b> Passed <input type="checkbox"/> Failed <input type="checkbox"/> <b>#1 Check</b> Passed <input type="checkbox"/> Failed <input type="checkbox"/> <b>#1 Check</b> Press. Drop _____ psi	<b>PRESSURE VACUUM BREAKER</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Air Inlet</b>            Opened at:            _____            psi (min. 1)         </td> <td style="width: 50%; vertical-align: top;"> <b>Check</b>            Press. Drop            _____            psi            (min. 1)         </td> </tr> <tr> <td style="vertical-align: top;">           Did not open  <input type="checkbox"/>            Passed <input type="checkbox"/> </td> <td style="vertical-align: top;">           Failed <input type="checkbox"/>            Passed <input type="checkbox"/> </td> </tr> </table>	<b>Air Inlet</b> Opened at: _____ psi (min. 1)	<b>Check</b> Press. Drop _____ psi (min. 1)	Did not open <input type="checkbox"/> Passed <input type="checkbox"/>	Failed <input type="checkbox"/> Passed <input type="checkbox"/>
<b>Air Inlet</b> Opened at: _____ psi (min. 1)	<b>Check</b> Press. Drop _____ psi (min. 1)						
Did not open <input type="checkbox"/> Passed <input type="checkbox"/>	Failed <input type="checkbox"/> Passed <input type="checkbox"/>						
System psi _____ Detector meter reading _____							
Repairs &/or Parts Comments:							
<b>TEST AFTER REPAIRS</b>  Passed <input type="checkbox"/>  Failed <input type="checkbox"/>  ____/____/____ Date	<b>DOUBLE CHECK</b> <b>Check #1</b> Passed <input type="checkbox"/> Failed <input type="checkbox"/> <hr/> <b>Check #2</b> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<b>REDUCED PRESSURE RELIEF VALVE</b> Opened at _____ psi (min. 2) <b>#2 Check</b> Passed <input type="checkbox"/> Failed <input type="checkbox"/> <b>#1 Check</b> Passed <input type="checkbox"/> Failed <input type="checkbox"/> <b>#1 Check</b> Press. Drop _____ psi	<b>PRESSURE VACUUM BREAKER</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           Opened at:            _____            psi         </td> <td style="width: 50%; vertical-align: top;">           Press. drop            _____            psi         </td> </tr> <tr> <td style="vertical-align: top;">           Did not open  <input type="checkbox"/> </td> <td style="vertical-align: top;">           Failed <input type="checkbox"/> </td> </tr> </table>	Opened at: _____ psi	Press. drop _____ psi	Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>
Opened at: _____ psi	Press. drop _____ psi						
Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>						

Tester Signature _____ Tester Name (Printed) _____ Company _____ Phone _____	Cert. # _____ Gauge # _____ Service Restored <input type="checkbox"/>
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