



City of Rockwall

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Return Forms to: New Device | Building Inspection Department (972-771-7709)
Annual Reports | Public Works Department (972-771-7730)
City of Rockwall | 1600 Airport Rd | Rockwall, TX 75087
Email | ServiceCenter@Rockwall.com

This form must be filled out completely and legibly for each assembly tested or the report may not be accepted.
(State Law requires submittal of report within 10 days of testing)

Name of Business: _____

Address of Business: _____

Address of Assembly: _____

Prop. Contact Info: Name _____ Addr: _____ City: _____ Zip: _____ Phone: _____

INSPECTION INFORMATION

Annual Test Replacement Test Old Serial No. _____ New Device Test

TYPE OF ASSEMBLY

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

Manufacturer: _____ Model Number: _____ Size: _____ Serial No.: _____

Located At: _____ Associated METER# _____

What does this device serve? Domestic Carbonator Irrigation Fireline By-Pass Boiler

Other: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES OR NO

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

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

Remarks: _____

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

Tester signature: _____

Firm Name: _____

Certified Tester (print): _____

Add: _____ City: _____ State: _____ Zip: _____ Cert. Tester No _____ Exp. Date: _____

Firm Phone No: _____ E-mail: _____ Test Date: _____

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

*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS **USE ONLY MANUFACTURER'S REPLACEMENT PARTS*