



Backflow Assembly Certified Test Report

1100 Red Bluff Rd. Seabrook, TX 77586 Phone: 281-291-5669 Fax: 281-291-2364

**Owner:**

Street:

City, State, Zip:

Phone:

E-Mail:

**Type of Assembly:**

Check Type that Applies

- Reduced Pressure Principal
- Double Check Valve
- Pressure Vacuum Breaker

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

**Manufacturer:** \_\_\_\_\_ **Model #:** \_\_\_\_\_ **Size:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date Installed:** \_\_\_\_\_

This Assembly is installed in accordance with manufacturers Recommendations and / or local codes? Yes  No

	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
<b>Initial Test</b>	Held At _____ PSI Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held At _____ PSI Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSI Did not Open <input type="checkbox"/>	Opened at _____ PSI Did not Open <input type="checkbox"/>	Opened at _____ PSI Leaked <input type="checkbox"/>
<b>Repairs and Materials Used</b>					
<b>Test After Repairs</b>	Held At _____ PSI Closed Tight <input type="checkbox"/>	Held At _____ PSI Closed Tight <input type="checkbox"/>	Opened at _____ PSI	Opened at _____ PSI	Held At _____ PSI

The Above is certified to be true By: \_\_\_\_\_

<b>Firm Name:</b>	<b>Certified Tester:</b>
Street:	Tester No:
City, State, Zip:	Date:
Phone:	
E-Mail:	

<b>Approved</b>	
By:	Date: