



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 <input type="checkbox"/>	Reduced Pressure Principal - Detector <input type="checkbox"/>
Double Check Valve <input type="checkbox"/>	Double Check Valve <input type="checkbox"/>
Pressure Vacuum Breaker <input type="checkbox"/>	Spill - Resistant Pressure Vacuum Breaker <input type="checkbox"/>

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			
Initial Test	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"/>	Held at _____ PSI Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repairs	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: _____

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

Approved	
By:	Date: