



Company
name

Address · Phone · License
#

Backflow Prevention Assembly Test and
Maintenance Report

No. _____

CUSTOMER

SERVICE ADDRESS

DATE

TIME ON SITE

TECHNICIAN

PUBLIC WATER SUPPLIER

NAME OF PWS

PWS ID #

PWS MAILING ADDRESS

PWS CONTACT PERSON

STATEMENT

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

ASSEMBLY

TYPE OF BPA

☐ RPBA ☐ RPBA-D (Type II) ☐ DCVA ☐ DCVA-D (Type II) ☐ PVB ☐ SVB

MANUFACTURER & MODEL (MAIN)

SERIAL # (MAIN)

SIZE (MAIN)

☐ 3/4" ☐ 1" ☐ 1-1/2" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 8" ☐ 10"

MANUFACTURER & MODEL (BYPASS)

SERIAL # (BYPASS)

SIZE (BYPASS)

BPA LOCATION

BPA SERVES

REASON FOR TEST

☐ New ☐ Existing ☐ Replacement

OLD MODEL / SERIAL #

INSTALLED PER MANUFACTURER RECOMMENDATIONS AND/OR LOCAL CODES

☐ Yes ☐ No

INSTALLED ON A NON-POTABLE (AUXILIARY) SUPPLY

☐ Yes ☐ No

INITIAL TEST

1ST CHECK HELD AT	2ND CHECK HELD AT	RELIEF VALVE OPENED AT
psid	psid	psid
TYPE II BYPASS CHECK HELD AT	AIR INLET OPENED AT	CHECK VALVE HELD AT
psid	psid	psid

1ST CHECK

☐ Closed tight ☐ Leaked

2ND CHECK

☐ Closed tight ☐ Leaked

BYPASS CHECK

☐ Closed tight ☐ Leaked

☐ Relief valve did not open

AIR INLET FULLY OPENED

☐ Yes ☐ No

INITIAL TEST

☐ Passed ☐ Failed

REPAIRS AND MATERIALS USED (MAIN)

REPAIRS AND MATERIALS USED (BYPASS)

TEST AFTER REPAIR

1ST CHECK HELD AT	2ND CHECK HELD AT	RELIEF VALVE OPENED AT
psid	psid	psid
AIR INLET OPENED AT	CHECK VALVE HELD AT	
psid	psid	

TEST AFTER REPAIR

☐ Passed ☐ Failed

DIFFERENTIAL PRESSURE GAUGE

GAUGE USED ON

☐ Potable ☐ Non-potable

MAKE / MODEL

SERIAL #

DATE TESTED FOR ACCURACY

REMARKS

LICENSED TESTER

BPAT LICENSE #

LICENSE EXPIRATION DATE

CERTIFICATION

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

NOTE

Test records must be kept for at least three years [30 TAC §290.46(b)]. Use only manufacturer's replacement parts. A signed and dated original must be submitted to the public water supplier for recordkeeping purposes.

PHOTOS

Attach photos or list photo numbers: _____

LICENSED TESTER SIGNATURE

Name: _____ Date: _____

CUSTOMER SIGNATURE

Name: _____ Date: _____