# Assembly Maintenance & Test Report

## Assembly Location
- Residential
- Commercial

Service Physical Address:

Short Description Device Location:

## Purpose of Test
- New Construction
- Existing Assembly
- New [Replacement Assembly]

## Assembly Purpose
- Fire Line
- Domestic
- Irrigation

## Assembly Type
- Reduced Pressure Principal
- Spill-Resistance Pressure Vacuum Breaker
- Double Check Valve
- Double Check Detector [Flow Meter]
- Pressure Vacuum Breaker
- Reduced Pressure Principal Detector [Flow Meter]

## Assembly Make & Model
- Assembly Manufacture:
- Assembly Model Number:

## Test Results

### Reduced Pressure Principal Assembly

<table>
<thead>
<tr>
<th>Initial Test</th>
<th>Final Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Valve #1</td>
<td>Check Valve #2</td>
</tr>
<tr>
<td>Closed Tight</td>
<td>Closed Tight</td>
</tr>
<tr>
<td>Held______PSID</td>
<td>Held______PSID</td>
</tr>
<tr>
<td>Leaked</td>
<td>Leaked</td>
</tr>
</tbody>
</table>

### Pressure Vacuum Breaker

<table>
<thead>
<tr>
<th>Initial Test</th>
<th>Final Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Valve #1</td>
<td>Check Valve #2</td>
</tr>
<tr>
<td>Closed Tight</td>
<td>Closed Tight</td>
</tr>
<tr>
<td>Held______PSID</td>
<td>Held______PSID</td>
</tr>
</tbody>
</table>

### Test Results

- Repairs/Materials Used**

#### GAUGE DATA
- Manufacture/Model:
- Serial Number:
- Calibration
- Certification No.:
- Calibration Date:

### Certification
- I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT AT TIME OF TESTING
- Company Name: (Attach Business Card to Report)
- BPAT License No.:
- TESTER’s SIGNATURE
- TESTER’s PRINTED NAME
- TEST DATE

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*Initial test data for Check Valve #2 and Final Test data for Check Valve #1 should be left blank for Reduced Pressure Principal Assemblies.*

**Original manufacturer’s replacement parts required.

*** USC 10th Addition: No. 1 check valve differential pressure reading shall be at least 3.0 psid > than the differential pressure relief valve opening point.

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FORWARD THIS REPORT UPON COMPLETION TO:
City of Bryan, Texas
Backflow Prevention Program
Attention: Amanda Jo Roop
P.O. Box 1000
Bryan, TX 77805
(979) 209-5900
PWS ID: 0210001

ILLEGIBLE OR UNCOMPLETED REPORTS WILL NOT BE ACCEPTED [Please Print]

City of Bryan, Texas
The Good Life, Texas Style.

Revised 10/2016