

**Forward this Original Report
Within Five Days of Test to:**



The City of Lancaster/ Community Development
211 N Henry Street
Lancaster Texas 75146-0940

Must be accompanied with \$25
registration fee for each device

Initial Test and Maintenance Report

Illegible or incomplete reports will not be accepted

BACKFLOW ASSEMBLY INFORMATION

(Please Print)

Device Type: DC RPZ PVB Other: _____

Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____

Is this commercial property? CHECK ONE: Yes No Phone: _____

Occupant/Business Name: _____

Physical Address: _____

Assembly location on the property _____

Reason the assembly is installed: _____

<p><u>INITIAL TEST:</u> Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p>Date _____ Time _____</p>	<p><u>Double Check:</u> Check#1 Press. Drop _____ psi</p> <p>Check#2 Press. Drop _____ psi</p>	<p><u>Reduced Pressure Relief Valve</u> Opened at _____ psi (Min. 2)</p> <p>#2 Check: Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p>#1 Check: Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p>#1 Check: Press. Drop _____ psi</p>	<p><u>Pressure Vacuum Breaker</u> Air Inlet: Opened at _____ psi (Min. 1)</p> <p>Did not open <input type="checkbox"/> Passed <input type="checkbox"/></p> <p>Check: Press. Drop _____ psi (Min. 1)</p> <p>Failed <input type="checkbox"/> Passed <input type="checkbox"/></p>
<p>System psi: _____</p> <p>If failed, what action was taken: _____</p>			

I certify that all information on this report is true and correct

TESTER INFORMATION

Name of Firm _____ Address of Firm: _____

Phone#: _____

Technician Cert.#: _____ Gauge serial#: _____

Gauge Manufacturer: _____ Calibration Date: _____ / _____ / _____

Technician Name(Print) _____ Technician Signature X _____

Technician ph# - - Current Date: / /

(If repair or re-test, see back →)

Test and Maintenance Report

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RETEST: Passed <input type="checkbox"/> Failed <input type="checkbox"/> Date _____ Time _____	Double Check: Check#1 Press. Drop _____ psi Check#2 Press. Drop _____ psi	Reduced Pressure Relief Valve Opened at _____ psi (Min. 2) #2 Check: Passed <input type="checkbox"/> Failed <input type="checkbox"/> #1 Check: Passed <input type="checkbox"/> Failed <input type="checkbox"/> #1 Check: Press. Drop _____ psi	Pressure Vacuum Breaker Air Inlet: Opened at _____ psi (Min. 1) Did not open <input type="checkbox"/> Passed <input type="checkbox"/> Check: Press. Drop _____ psi (Min. 1) Failed <input type="checkbox"/> Passed <input type="checkbox"/>
System psi: _____			

Repairs&/or Parts: _____

Comments _____

I certify that all information on this report is true and correct

RETESTER INFORMATION			
Name of Firm _____	Address of Firm: _____		
Firm's ph:# _____	_____		
Technician Cert. #: _____	Gauge serial#: _____		
Gauge Manufacturer: _____	Calibration Date: _____ / _____ / _____		
Technician Name(Print) _____	Technician Signature X _____		
Technician ph# _____ - _____ - _____	Current Date: _____ / _____ / _____		

For City of Lancaster Use Only

Received by: _____	Date: _____
Accepted by: _____	Date: _____