

City of Greenville
Backflow Prevention Program
Backflow Prevention Assembly Test and Maintenance Report

This form must be completed for each assembly tested. A signed and dated original must be submitted to the City of Greenville and a copy should be retained by the tester and by the owner of the device(s) tested.

Forward Report To	Customer Information
Brian Smith, Supt. City of Greenville P.O. Box 1049 Greenville, Texas 75401 903-457-3190	Company: _____ Contact: _____
	Address: _____ Phone: _____
	City, Zip: _____

Backflow Assembly Information. Please Print. Illegible or incomplete reports will not be accepted.

Serial #: _____ Manufacturer : _____ Model #: _____ Size: _____

Assembly Physical Location: _____

Purpose of Assembly: External Isolation Internal Isolation Irrigation

Check One: Reduced Pressure Principle Double Check Valve Assembly
 Pressure Vacuum Breaker Reduced Pressure Principle - Detector
 Double Check – Detector Pressure Vacuum Breaker

Assembly Test Information

Initial Test	Reduced Pressure Principle/Double Check Valve Assembly			Pressure Vacuum Breaker/SVB	
	# 1 Check Valve	# 2 Check Valve	Relief Valve	Air Relief	Check Valve
	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Closed at _____ PSID
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>			
Repairs/Comments					
Test After Repairs	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Closed at _____ PSID
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>			

Certification: I hereby certify that all information on this report is true and correct.

Firm Name: _____ Technician: (Print) _____

Address: _____ Phone: _____

Certification #: _____ Exp. Date: _____ Gauge Serial #: _____ Gauge Test date: _____

Assembly Test Status: Pass Fail Date: _____ Signature: _____