

**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.

<b>Forward Report To</b>	<b>Customer Information</b>
<b>Brian Smith, Supt. City of Greenville P.O. Box 1049 Greenville, Texas 75401 903-457-3190</b>	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"/>			
<b>Repairs/Comments</b>					
<b>Test After Repairs</b>	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: \_\_\_\_\_