



CITY OF WACO BACKFLOW PREVENTION INSPECTION & TEST RECORD

Water Utilities
PO Box 2570
Waco, TX 76702-2570
(254) 750-8019 – Phone
(254) 750-6647 – Fax

CUSTOMER INFORMATION

BUSINESS / SERVICE NAME: _____

CONTACT NAME: _____

SERVICE ADDRESS CITY / STATE / ZIP: _____

METER NUMBER: _____

BACKFLOW DEVICE INFORMATION

- ASSEMBLY TYPE: Reduced Pressure Principle Reduced Pressure Principle-Detector
 Double Check Valve Double Check - Detector
 Pressure Vacuum Breaker Spill Resistant Pressure Vacuum Breaker

MANUFACTURER: _____ MODEL: _____

- SERIAL #:: _____ SIZE: _____ LOCATION: _____
 Domestic Irrigation Fireline
 New Device Existing Device Replacement of _____

Is the assembly installed in accordance with manufacturer recommendations and local codes? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Held at _____ psid <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	Held at _____ psid <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ psid <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened at _____ psid <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Held at _____ psid <input type="checkbox"/> Leaked
Repairs & Materials					
Test After Repair Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Held at _____ psid <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	Held at _____ psid <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ psid <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened at _____ psid <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Held at _____ psid <input type="checkbox"/> Leaked

BACKFLOW INSPECTOR INFORMATION

TEST GAUGE USED:
 Make/Model: _____ SN: _____ Last Calibrated Date: _____

Certified Tester Name (print): _____ Cert. Tester #: _____

THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE

Certified Tester Signature: _____ Date: _____

*Test Records Must Be Kept For At Least Three Years.

** Use Only Manufacturer's Replacement Parts