

*City of Shavano Park
Building Inspections
900 Saddletree Ct.
Shavano Park, TX 78231 - 1540
210-493-3478*

ATTENTION: Plumbing Inspections Department
SUBJECT: Test and Maintenance Report – Backflow Prevention Device

Please be advised that we have made the following periodic test as required by the City of Shavano Park Plumbing Inspections Department Cross Connection Control Program and report the following:

Name and Model of Device _____ Device Serial # _____ Size _____

Service Address _____ New ___ Existing ___ Replacement ___

Assembly ID _____ / _____ / _____ (must be three digit number) Test Gauge ID # _____

	Check Valve #1	Check Valve #2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker	
INITIAL TEST	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	3. Leaked <input type="checkbox"/> 4. Closed Tight <input type="checkbox"/>	Opened at _____ lbs. Reduced Pressure Did not open <input type="checkbox"/>	Air Inlet Opened at _____ PSID Did not open <input type="checkbox"/>	
R E P A I R S	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Seat: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer: <input type="checkbox"/> Lower <input type="checkbox"/> Other, Describe <input type="checkbox"/>	<input type="checkbox"/> Check Valve Held At _____ PSID Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Check Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Spring <input type="checkbox"/> Other, Describe <input type="checkbox"/>	
	FINAL TEST	P.S.I. Drop (R/P) Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ lbs. Reduced Pressure <input type="checkbox"/>	Air Inlet PSID Check Valve PSID

Certifications:

1. I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the captioned equipment I personally performed or directly supervised the field test herein described. I hereby certify that the Test Gauge listed above has been Certified within the last twelve months.

Date

Signature of Certified Tester

Tester License #

2. I hereby certify the device has been in constant use at this location in a manner approved by the Shavano Park Plumbing Inspections Department during the entire prescribed interval between test periods and during this period this device was not by-passed, made inoperative or removed without proper authorization. All defects found during the operating period or during tests of the devices were immediately corrected to the specification and approval of the Shavano Park Plumbing Inspections Department.

Firm Name

Address

Telephone Number

Title

Date

Signature of Owner or Representative