

**City of Saginaw  
Backflow Prevention Assembly Test Report**

City of Saginaw  
P.O. Box 79070  
Saginaw, Texas 76179  
817-232-4640 Fax 817-232-9868

\_\_\_\_\_ New  
\_\_\_\_\_ Existing  
\_\_\_\_\_ Replace

Contact Person \_\_\_\_\_

Location of Service \_\_\_\_\_

Date of Test \_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by Commission regulations and is certified to be operating within acceptable parameters.

**TYPE OF ASSEMBLY**

\_\_\_\_\_ Reduced Pressure Principle      \_\_\_\_\_ Reduced Pressure Principle Detector  
 \_\_\_\_\_ Double Check Valve            \_\_\_\_\_ Double Check Detector  
 \_\_\_\_\_ Pressure Vacuum Breaker      \_\_\_\_\_ Spill Resistant Pressure Vacuum Breaker

Manufacturer \_\_\_\_\_ Size \_\_\_\_\_

Model Number \_\_\_\_\_ Located At \_\_\_\_\_

Serial Number \_\_\_\_\_

**Reduced Pressure Principle Assembly**

Double Check Valve Assembly		
1st Check	2nd Check	Relief Valve
_____ pisd	_____ pisd	opened at _____ pisd
closed tight _____	closed tight _____	did not open _____
leaked _____	leaked _____	
<b>Pass</b> _____	<b>Failed</b> _____	

**Pressure Vacuum Breaker**

Air Inlet	Check Valve
opened at _____ pisd	_____ pisd
did not open _____	leaked _____
<b>Pass</b> _____	<b>Failed</b> _____

Test Guage Used: Make/Model \_\_\_\_\_ SN: \_\_\_\_\_

Calibration Date: \_\_\_\_\_

Company Name \_\_\_\_\_

Tester Name(Printed) \_\_\_\_\_ Certification # \_\_\_\_\_

Company Phone Number \_\_\_\_\_

**Service Off** \_\_\_\_\_ **Service On** \_\_\_\_\_