



CITY OF UNIVERSAL CITY (PWS ID# 0150009)

DEVICE LOCATION/REASON: \_\_\_\_\_

Backflow Prevention Assembly  
Test & Maintenance Report

FORWARD THIS ORIGINAL REPORT WITHIN 10 WORKING DAYS TO:

CITY OF UNIVERSAL CITY  
Development Services Dept.  
2150 Universal City Blvd  
Universal City, TX 78148  
Tel: 210-619-0723  
FAX: 210-659-7062

**NOTE:** Incomplete tests will be rejected and returned.

**CUSTOMER INFORMATION**

Location of Service \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_  
Occupant/Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Contact Number \_\_\_\_\_

**DEVICE INFORMATION**

Location of Assembly on property \_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_ Replacement \_\_\_\_\_\*  
Type of Assembly:  Reduced Pressure Principle  Reduced Pressure Principle – Detector  Double Check Valve  
 Pressure Vacuum Breaker  Spill-Resistant Pressure Vacuum Breaker  Double Check – Detector  
Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size \_\_\_\_\_ Serial # \_\_\_\_\_

\*If replacing device, provide failed test report and old serial #

INITIAL TEST	REDUCED PRESSURE BACKFLOW ASSEMBLY			PRESSURE VACUUM BREAKER	
	Double-Check Valve Assembly		Differential Pressure Relief Valve	Spill Resistant Vacuum Breaker	
	#1 Check Valve	#2 Check Valve		Air Inlet	Check Valve
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID	
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>	
Held at _____ PSID	Held at _____ PSID				
<b>LINE PRESSURE</b>	<b>DC METER READING</b>				
<b>REPAIRS &amp; MATERIALS USED</b>					
<b>TEST AFTER REPAIRS</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			
	Held at _____ PSID	Held at _____ PSID			

**TESTER INFORMATION**

Tester Name (PRINT) \_\_\_\_\_ License # \_\_\_\_\_  
Business Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Business Address \_\_\_\_\_  
Test Gauge Used: Make/Model \_\_\_\_\_ Serial # \_\_\_\_\_ Accuracy Test Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Backflow Test Status  Pass  Fail Is this assembly installed to code?  Yes  No

**Test records must be kept for at least 3 years. Use only Manufacturer's replacement parts.**

I certify that I have tested the above assembly and that it meets the performance requirements of the City of Universal City. The backflow prevention assembly detailed above has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

Signature of Licensed Tester

Date of Test