

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping \*purposes:

Backflow File Use Only

Contract Meter     Removed     Existing     New     Replacement



**Fort Worth Water Department**  
**Cross Connection Control**  
 920 Fournier St.  
 Fort Worth, TX 76102  
 (817) 392-8375

Serial Number \_\_\_\_\_  
 Replaces SN# \_\_\_\_\_  
 Mapsco \_\_\_\_\_  
 Contact Name \_\_\_\_\_

**PWS ID: # 2200012**

**Assembly Location Information**

Facility Name: \_\_\_\_\_ CIS Location ID: \_\_\_\_\_  
 Service Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mailing Information**

Mailing Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Assembly Information**

PVB     SVB     DC     DCDA     RP     RPDA     Air Gap     Other

Size: \_\_\_\_\_ Mfg: \_\_\_\_\_ Model: \_\_\_\_\_  
 Assy Location: \_\_\_\_\_  
 Hazard Type: \_\_\_\_\_ Meter #: \_\_\_\_\_  
 Water Turn Off Authorization:(print) \_\_\_\_\_ Time: \_\_\_\_\_

Is the Assembly installed in accordance with manufacturer's recommendations and/or local codes?  Yes  No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at _____ PSID	Held at _____ PSID
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked
Repairs and Materials Used**					
Final Test/Date <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: Manufacturer/Model: \_\_\_\_\_ SN: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Remarks:

The above is certified to be true at the time of testing, as required by ordinance #12274, Section 12.5-549:

Certified Tester (print): \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Certified Tester (signature): \_\_\_\_\_ Company Address: \_\_\_\_\_  
 Certified Tester #: BP \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Service Restored:  Yes  No Phone #: \_\_\_\_\_

CCBFID#

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS  
 \*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS