



TEST AND MAINTENANCE REPORT
WATER SYSTEM ID# 2270001

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Backflow Prevention Assembly Information (BPA) -Please Print-

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.

Serial# _____ Make: _____ Model: _____ Size: _____

Is this a commercial property? [Y/N] Occupant/Business Name: _____

Physical Address: _____ Bldg: _____ Suite: _____

BPA Location: _____

Reason BPA is Installed, list hazard, equipment, etc... (see page 2): _____

Customer Information -Please Print-

Property Owner/Agent: _____ Phone (_____) _____ -- _____

Mailing Address: _____ Bldg: _____ Suite: _____

City: _____ State: _____ Zip: _____

Type of BPA: [RPZ/DCV/PVB/SVB/DCDA/RPDA/DCDA-II/RPDA-II]

Table with columns for Initial Test, Reduced Pressure Principle Assembly (Double Check Valve, Relief Valve), PVB/SVB (Air Relief, Check Valve), and Bypass Detector BPA/ Type II (Serial#, #1 Check, #2 Check***). Includes rows for Date, DCVA PSI, RPZ PSI, and various status options like Leaked, Closed Tight, etc.

Repairs / Notes / Material Used** [New Assembly | Existing Assembly | Replacement Assembly, Old Serial# _____]

Table for Test After Repairs, similar structure to Initial Test, including Date, DCVA/ RPZ PSI, and status options.

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND CORRECT.

Is the BPA installed in accordance with manufacturer recommendations and local codes? [Yes/No]

Backflow Test Status: [Pass/Fail] Is the assembly installed on a non-potable (auxiliary) water supply? [Yes/No]

Date Gauge Tested for Accuracy: ____/____/____ Gauge Serial#: _____ [Potable/Non-Potable]

Gauge Make/Model: _____ Tester Phone#: (_____) _____ -- _____

Tester License#: _____ Signature: _____

Tester Name: _____ License Expiration Date: ____/____/____

Forward this report to: City of Austin, Austin Water, Special Services Division, (512)972-1060, Fax (512)972-1260, awcrossconnection@austintexas.gov, 3907 S. Industrial Drive #100 Austin, Texas 78744

*Test records must be kept for at least three years [30 TAC §290.46(B)].

**Use only manufacturer's replacement parts.

*** The #2 check valve will have a numeric reading on DCV, DCDA and DCDA-II only.

The above is certified to be true at the time of testing.



HAZARD TYPE AND DESCRIPTION					
Hazard Description	Level	Backpressure	Hazard Description	Level	Backpressure
ANIMAL WASH	High	No	IRRIGATION W/ AUXILIARY WATER SOURCE ON SITE	High	Yes
ANIMAL WATERING SYSTEM	High	No	IRRIGATION W/ CITY POTABLE WATER	Low	No
AQUARIUM	High	No	IRRIGATION W/ POTABLE WATER ON PRESSURIZED HAZARD SITE	High	Yes
AUXILIARY WATER SYSTEM MAKEUP	High	Yes	IRRIGATION W/ POTABLE WATER W/ CHEMICALS ADDED	High	Yes
BAPTISMAL FOUNTAIN	High	No	IRRIGATION W/ POTABLE WATER W/ NON-POTABLE HOSE BIBBS BELOW GRADE	High	Yes
BATHTUB	High	No	KITCHEN EQUIPMENT, HIGH HAZARD, BACK PRESSURE	High	Yes
BOILER, DOMESTIC	Low	Yes	KITCHEN EQUIPMENT, HIGH HAZARD, NO BACK PRESSURE	High	No
BUILDING ISOLATION	Low	Yes	KITCHEN EQUIPMENT, LOW HAZARD, NO BACKPRESSURE	Low	No
CAR/TRUCK WASH	High	Yes	KITCHEN EQUIPMENT, LOW HAZARD, WITH BACKPRESSURE	Low	Yes
CARBONATED BEVERAGE DISPENSER	High	Yes	LAUNDRY EQUIPMENT	High	Yes
CHEMICAL DISPENSER/ CHEMICAL INJECTION	High	No	MEAT/FISH CASE	High	No
COFFEE/TEA MAKER	Low	Yes	MECHANICAL EQUIPMENT, HIGH HAZARD, BACK PRESSURE	High	Yes
CONSTRUCTION	High	Yes	MECHANICAL EQUIPMENT, HIGH HAZARD, NO BACK PRESSURE	High	No
CONTAINMENT AT CITY POTABLE SOURCE DUE TO AUXILIARY WATER ON SITE	High	Yes	MEDICAL/LAB EQUIPMENT NO BACKPRESSURE	High	No
CONTAINMENT AT SOURCE DUE TO PREMISES ISOLATION CODE	High	Yes	MEDICAL/LAB EQUIPMENT WITH BACKPRESSURE	High	Yes
DIALYSIS	High	Yes	MISTER	Low	No
DIALYSIS, PORTABLE	High	Yes	MOBILE CLEANING TRUCK	High	Yes
DRY CLEANING EQUIPMENT	High	Yes	PARTS WASHER	High	No
EMERGENCY EYE WASH	High	No	PEDICURE BOWL	High	No
EQUIPMENT WASHDOWN	High	Yes	PHOTO DEVELOPING EQUIPMENT	High	No
EXHAUST HOOD	High	No	PRESSURE WASHER	High	Yes
FIRE HOSE CABINETS	High	No	PROCESS WATER WITH BACKPRESSURE	High	Yes
FIRE HYDRANT/ PRIVATE	Low	Yes	PROCESS WATER, NO BACKPRESSURE	High	No
FIRE SPRINKLER	Low	Yes	RADIATOR ISLAND	High	Yes
FIRE SPRINKLER W/ CHEMICALS	High	No	REVERSE OSMOSIS SYSTEM	Low	Yes
FOUNTAIN DRINK - NONCARBONATED	Low	No	SERVICE/JANITOR SINK	High	No
FOUNTAIN, ORNAMENTAL	High	No	SHAMPOO BASIN	High	No
FUEL EQUIPMENT	High	No	STEAM GENERATOR, RESIDENTIAL	Low	Yes
FUME HOODS	High	No	STEAM UNIT	High	Yes
FUTURE EQUIPMENT	High	Yes	SUITE ISOLATION	Low	Yes
GARBAGE CAN WASHER	High	No	SWIMMING POOLS, SPAS, AND HOT TUBS	High	Yes
GREASE HOOD	High	No	TANNING BOOTH	High	No
HAND HELD SPRAYER	High	No	TEMP WATER/FIRE HYDRANT METER	High	Yes
HOSE BIBB	High	No	TEMP WATER/METER ON VEHICLE	High	Yes
HOSE BIBB BELOW GRADE	High	Yes	TRAP PRIMER	High	No
			TRUCK FILL STATION	High	Yes
HOSE REEL / SPRAY HOSE	High	Yes	TRUCK/TRAILER	High	Yes
HUMIDIFIER	High	Yes	ULTRASONIC BATHS	High	No
ICE CREAM/CUSTARD/YOGURT MACHINE	Low	Yes	WATER FILTERS	Low	No
ICE MAKER	High	No	WATER MAIN TEST/SANITATION	High	Yes
INTERACTIVE WATER FEATURE	High	Yes	WATER SOFTENER	Low	No
IRRIGATION ON OSSF SITE	High	Yes	WATER STORAGE TANK	Low	Yes

Hazard Classification	Backpressure?	Most Common Assembly	Acceptable Assembly
Low	Yes	DCV	DCV, DCDA, DCDA-II, RPZ, RPDA, RPDA-II
Low	No	DCV	DCV, DCDA, RPZ, RPZDA, PVB, SVB,
High	Yes	RPZ	RPZ, RPDA, RPDA-II
High	No	RPZ, PVB, SVB	RPZ, RPDA, RPDA-II, PVB, SVB

*Detector Assemblies should be installed only on unmetered service connections such as dedicated fire service laterals.
 *Reference the Plumbing Code for non-testable devices acceptable for protection from the hazard.
 *This list is not all inclusive of the types of hazards that may be found connected to public waters.