



FIRE BACKFLOW DEVICE TEST REPORT

City of Wylie PWS Identification Number: 0430011
300 Country Club, Bldg 100, Wylie, Tx 75098

Location Device Installed: _____ Permit Number: _____

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

This form is for testing of Reduced Pressure Principal Zone Assembly only. (RPZ)

A Fire Backflow Device test Report must be submitted per device to be tested.

Manufacturer: _____ Size: _____

Model Number: _____ Located at: _____

Serial Number: _____

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

	Reduced Pressure Principle Assembly		
	First Check	Second Check	Relief Valve
Initial Test	Held at _____psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____psid Did not Open <input type="checkbox"/>
Repairs & Materials Used			
Test after Repair	Held at _____psid Closed Tight <input type="checkbox"/>	Held at _____psid Closed Tight <input type="checkbox"/>	Opened at _____psid

Test Gauge used: Make/Model _____ SN: _____ Calibration Date: _____

Remarks: _____

The above tested device meets all testing requirements mandated by the TNRCC: Yes No

Signature of Certified Fire Backflow Tester _____ Printed Name of Certified Fire Backflow Tester _____ Date _____

Fire Backflow Tester License Number _____ Fire Sprinkler Company Name _____ Phone Number _____

The above information is certified as true.