



Existing New Replacement

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

Replaces SN# _____
 Serial Number _____
 Mapsco _____
 Contact Name _____

PWS ID: # 2 2 0 0 1 2

Assembly Location Information

Facility Name: _____ CIS Location ID: _____
 Service Address: _____ Zip code: _____ Telephone: _____

Property Information

Mailing Name: _____
 Address 1: _____
 City/ST/Zip: _____ ST: _____ Zip code: _____ Telephone: _____

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:

Certified Tester (print): _____ Company Name: _____
 Certified Tester (Signature): _____ Phone #: _____
 Company Address: _____ Certified Tester #: BP
 City: _____ State: _____ Zip code: _____ Service Restored: Yes No

The backflow prevention assembly detailed above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. Return the original test sheet to the City of Fort Worth within 10 days.

File use Only
Company Name: _____
Address: _____
CCBFID#: _____