



**BABCOCK RANCH WATER UTILITIES  
CROSS-CONNECTION CONTROL PROGRAM  
BACKFLOW PREVENTION DEVICE FIELD TEST & MAINTENANCE REPORT**

**PLEASE CHECK ONE:**  
 New Installation   
 Existing Unit   
 Replacement Unit

<b>CUSTOMER</b>		<b>ADDRESS</b>		<b>METER #</b>	
<b>LOCATION</b>		<b>SIZE</b>		<b>ASSEMBLY TYPE</b>	
<b>DATE INSTALLED</b>		<b>INSTALLED BY</b>		<b>CHECK ONE:</b>	<input type="checkbox"/> FIRELINE SERVICE <input type="checkbox"/> POTABLE SERVICE <input type="checkbox"/> IRRIGATION SERVICE
<b>TEST GAUGE MANUFACTURER</b>					

	REDUCED PRESSURE			PRESSURE VACUUM BREAKER			DETECTOR LOOP DEVICE		
	DOUBLE CHECK								
<b>INITIAL TEST</b>	<b>#1 CHECK VALVE</b>	<b>#2 CHECK VALVE</b>	<b>RELIEF VALVE</b>	<b>AIR INLET</b>	<b>CHECK VALVE</b>	<b>#1 CHECK VALVE</b>	<b>#2 CHECK VALVE</b>	<b>#3 CHECK VALVE</b>	
	PSID _____	PSID _____	OPENED @ _____	OPENED @ _____	OPENED @ _____	PSID _____	PSID _____	PSID _____	
	PASSED <input type="checkbox"/>	PASSED <input type="checkbox"/>	_____ PSID	_____ PSID	_____ PSID	PASSED <input type="checkbox"/>	PASSED <input type="checkbox"/>	PASSED <input type="checkbox"/>	
	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	DIDN'T <input type="checkbox"/> OPEN	DIDN'T <input type="checkbox"/> OPEN	DIDN'T <input type="checkbox"/> OPEN	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	
<b>PARTS &amp; REPAIRS</b>									
<b>POST-REPAIR TEST</b>	PSID _____	PSID _____	OPENED @ _____	OPENED @ _____	OPENED @ _____	PSID _____	PSID _____	PSID _____	
	PASSED <input type="checkbox"/>	PASSED <input type="checkbox"/>	_____ PSID	_____ PSID	_____ PSID	PASSED <input type="checkbox"/>	PASSED <input type="checkbox"/>	PASSED <input type="checkbox"/>	
	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	DIDN'T <input type="checkbox"/> OPEN	DIDN'T <input type="checkbox"/> OPEN	DIDN'T <input type="checkbox"/> OPEN	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	

**COMMENTS (please print):**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>TESTER SIGNATURE</b>		<b>CUSTOMER SIGNATURE</b>		<b>*TEST TIME</b>	
<b>TESTER</b>		<b>CERT. #</b>		<b>COMPANY</b>	
			<b>TEST DATE</b>		

**I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE ACTUAL OPERATION AND MAINTENANCE OF THE ABOVE ASSEMBLY.**

**EMAIL COMPLETED FORM TO:** [utilityinspections@babcockranchcommunityisd.com](mailto:utilityinspections@babcockranchcommunityisd.com)

**NOTE: ONE TEST FORM PER DEVICE ONLY**      **CHECK ONE:**    PASSED       FAILED       Form 18 – Rev 2/20/20