



CITY OF RIVER OAKS
4900 RIVER OAKS BLVD
RIVER OAKS, TX 76114
(817) 626-5421

- () Existing
- () New
- () Replacement

Serial # _____

Property Owner _____

Mailing Address _____ Phone _____

City/State/Zip _____

Assembly Address _____ Company Name _____

() PVB () DC () RP () Air Gap

() SVB () DCDA () RPDA () Other

Size _____ Make _____ Model _____

Assembly Location _____

Authorization to turn water service off _____ Time _____

INITIAL TEST	DOUBLE CHECK	REDUCED PRESSURE Relief Valve	PRESSURE VACUUM BREAKER	
Passed () Failed () ____/____/____ Date	Check #1 Passed () Failed () Press. drop _____ psi	Opened at _____ psi (min. 2) #2 Check Passed () Failed () #1 Check Passed () Failed () #1 Check Press. drop _____ psi	Air Inlet Opened at: _____ psi (min. 1) Did not Open () Passed ()	Check Press. drop _____ psi (min. 1) Open () Passed ()
	Check #2 Passed () Failed () Press. drop _____ psi	System psi _____ Detector meter reading _____		

Repairs and/or Parts

Protects:

TEST AFTER REPAIRS	DOUBLE CHECK	REDUCED PRESSURE Relief Valve	PRESSURE VACUUM BREAKER	
Passed () Failed () ____/____/____ Date	Check #1 Passed () Failed () Press. drop _____ psi	Opened at _____ psi (min. 2) #2 Check Passed () Failed () #1 Check Passed () Failed () #1 Check Press. drop _____ psi	Air Inlet Opened at: _____ psi (min. 1) Did not Open () Passed ()	Check Press. drop _____ psi (min. 1) Open () Passed ()
	Check #2 Passed () Failed () Press. drop _____ psi	System psi _____ Detector meter reading _____		

Tester Signature _____ Print Name _____

Company Name (Printed) _____ Phone _____ Cert # _____