



**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 ( )<br>Failed ( )<br><br>/ /<br>Date | <b>Check #1</b><br>Passed ( )<br>Failed ( )<br>Press. drop _____ psi | Opened at _____ psi<br>(min. 2)<br><b>#2 Check</b><br>Passed ( ) Failed ( )<br><b>#1 Check</b><br>Passed ( ) Failed ( )<br><b>#1 Check</b><br>Press. drop _____ psi | <b>Air Inlet</b><br>Opened at: _____ psi<br>(min. 1)<br><br>Did not<br><br>Open ( )<br><br>Passed ( ) | <b>Check</b><br>Press. drop _____ psi<br>(min. 1)<br><br><br><br>Open ( )<br><br>Passed ( ) |
|   | <b>Check #2</b><br>Passed ( )<br>Failed ( )<br>Press. drop _____ psi | System psi _____<br>Detector meter reading _____  |   |   |

Repairs and/or Parts

Protects:

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

Tester Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Company Name (Printed) \_\_\_\_\_ Phone \_\_\_\_\_ Cert # \_\_\_\_\_