

## BACKFLOW DEVICE TEST REPORT

City of Canton  
201 N. Buffalo  
Canton, TX 75103  
903-567-1841

*Test Reports **will not** be accepted if you are not registered with the City of Canton.*

Location Device Installed: \_\_\_\_\_

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 Principle Zone Assembly only. (RPZ)

A 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 the manufacturer recommendations and/or local codes?  
*(Circle One)* Yes No

	Reduced Pressure Principle Assembly		
	First Check	Second Check	Relief Valve
<b>Initial Test</b>	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"/>
<b>Repairs &amp; Materials Used</b>			
<b>Test After Repair</b>	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: *(Circle One)* Yes No

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

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Backflow Tester License Number      Sprinkler Company Name      Date

**The above information is certified as true.**

