**Backflow Prevention Assembly Test & Maintenance Report (TMR)**

All fields must be completed in accordance with the TMR Instruction sheet in order for the test to be accepted. All repairs shall be completed within TEN (10) working days. Before a Certificate of Occupancy is given the test report must be received and approved.

Please note that NO faxes will be accepted. Original tests shall be sent to the Cross-Connection Program at 4505-A Springhill Rd. Tallahassee, FL 32305. Please contact Cross-Connection with any questions at 850-891-1248

5. CUSTOMER: 
6. STREET ADDRESS: 
7. MAILING ADDRESS: 
8. LOCATION OF ASSEMBLY: 
9. DEVICE: EXISTING □ NEW □ REPLACED □ 
10. POINT OF USE: DOMESTIC □ FIRE □ IRRIGATION □ 
11. TYPE OF ASSEMBLY: RP □ DC □ DCDA □ (Main, Bypass) PVB □ RPDA □ (Main, Bypass) 
12. SIZE: 
13. MANUFACTURER: 
14. MODEL: 
15. SERIAL NO: 
16. INSTALLED TO SPECS: YES □ NO □ 
17. RISER MATERIAL/CLEARANCE: / INCHES

<table>
<thead>
<tr>
<th>18. Check Valve #1</th>
<th></th>
<th>Check Valve #2</th>
<th>Pressure Vacuum Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ leaked or closed tight</td>
<td>□ leaked or closed tight</td>
<td>□ leaked or closed tight</td>
<td>Air Inlet: did not open □ or opened at ______ psi</td>
</tr>
<tr>
<td>gauge pressure across check valve _____ psi</td>
<td>Outlet shut-off valve: □ leaked □ closed tight</td>
<td>gauge pressure across check valve _____ psi</td>
<td>Check Valve: leaked □ or held at ______ psi</td>
</tr>
<tr>
<td>Cleaned ______</td>
<td>Cleaned ______</td>
<td>Cleaned ______</td>
<td>Cleaned ______</td>
</tr>
<tr>
<td>Repaired ______</td>
<td>Repaired ______</td>
<td>Repaired ______</td>
<td>Repaired ______</td>
</tr>
<tr>
<td>Gauge pressure across check valve _____ psi</td>
<td>Relief valve opened at _____ psi</td>
<td>Gauge pressure across check valve _____ psi</td>
<td>air inlet _____ psi</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>check valve _____ psi</td>
</tr>
</tbody>
</table>

19. COMMENTS: 

I hereby certify this test data to be a true and accurate representation of the operation and maintenance of the above assembly at the time and date of this test.

20. TESTER: (PRINT) (SIGN) 
21. CERTIFICATION NO: 
22. DATE: 
23. TIME: 
24. TESTER TELEPHONE NO: 
25. TESTER EMAIL: (Optional) 
26. REPAIRED BY: 
27. Gauge Serial #: 
28. Calibration Date: 
29. ASSEMBLY INSTALLED BY: 
30. TELEPHONE NO: 

31. This Assembly: □ PASSED □ FAILED

TMR. Rev. 20131001