Test and Maintenance Report (TMR) Instructions
For Backflow Prevention Assemblies

Forward This Original Report to: Mail or deliver the Test and Maintenance Report (TMR) form to:
City of Lubbock
Water Conservation & Compliance Dept.
P.O. Box 2000
Lubbock, TX 79457

BACKFLOW ASSEMBLY INFORMATION BLOCK:
Information in this block should tell us how to identify and locate the assembly.

Serial Number: Print the assembly's serial number from the nameplate. If the serial number is illegible or missing, the assembly **must be replaced**.

Manufacturer: Print the name of the manufacturer from the nameplate.

Model: Print the entire model number from the nameplate. Include any letters, numbers and modification listings. Only USC approved models will be accepted. If you do not know if a model is approved call Water Conservation & Compliance Department at 775-3596. (*Examples: 009M1QT, 009 M3, 975XL, 4010502*)

Size: Print the nominal pipe size of the backflow prevention assembly. *(Examples: 3/4", 1", 1 ½")*

Commercial Property?: Place an "X" in the "YES" box if one of the following applies: apartments, businesses, industrial complexes, farms, ranches, or government buildings**.**

Phone Number: Print the phone number of the property owner /agent in this space. This should be the phone number of the person responsible for having the assembly tested. Do not leave this space blank. If the facility is under construction and does not yet have a phone, write in "*no phone yet*". This space is not for the builder or contractor's phone number.

Business Name: Print the name of the occupant or the business residing or doing business at the address identified in the "Physical Address" described below. If this is an irrigation assembly on a new unoccupied home print "Homeowner" on the "Business Name" line.

Physical Address, City, Zip: Print the physical street address where the assembly is located. The street address of the residence or place of business where you are testing the backflow prevention assembly is the address required. Post office boxes and street corners are not physical addresses and will not be accepted. Be sure to include street suffix, i.e. St., Pl., Rd., Hwy., Cir., Trl., Ter.

Assembly location: This information needs to be specific so that the owner or owner's agent will be able to locate the backflow prevention assembly for its next periodic test. *(Examples: 1st floor mechanical room; valve box near the water meter; penthouse - west wall 4' AFF)*

Type of assembly: Place an "X" in the box that pertains to the assembly. For other, print name of assembly.

New or Existing: Place an "X" in the box that pertains to the installation, whether it is a new assembly or existing.

Reason for Installation: Be specific. What is the hazard to the drinking water that requires the backflow prevention assembly installation? *(Examples: autoclave, auxiliary water system, boiler and chill water system, irrigation w/chemical, irrigation, silver recovery unit, swimming pool, tanning booth, carwash, etc.)* You can obtain a list of these hazards from the Water Conservation & Compliance Department.

Does assembly Comply?: Place an "X" in the "YES" box if assembly complies. If no, explain why not. *(Examples: RP not 12" above ground, inappropriate assembly for hazard, Bypass without backflow assembly.)*

CUSTOMER INFORMATION BLOCK:

The information in this block will be used in the future to mail notices to assembly owners when the assembly is due for its Periodic Test.

Property Owner/Agent: Print the name of the *individual who is responsible* for the testing of the backflow assembly.

Mailing Address:
City:
State:
Zip Code:
Print the actual mailing address for the customer or customer's agent, identified above, including post office boxes, building numbers, suite numbers, city, state and zip code. Print the actual mailing address where the customer or the responsible customer's agent receives their mail. If you do not know the address, ask the question, "What is the mailing address of those responsible for having the backflow prevention assembly tested?" Print this information on the form.

TEST RESULTS BLOCK:

Always record test failures. If an RPZ is leaking prior to a test, record it as a failed test and record all repairs, i.e. "replaced 2nd check, flushed, etc."

1. Initial Test:

Double Check Valve Assembly:

#1 Check Valve — Print the gauge reading for the first check valve test in the space marked **"**Held at ___ psid" (*Examples: 1.0, 1.6, 3.2 etc*.). Place an "X" in the "DCA closed tight" box only if the valve closed tight.

#2 Check Valve — Print the gauge reading for second check valve test in the space marked **"**Held at ___ psid" (*Examples: 1.0, 1.6, 3.2 etc*.). Place an "X" in the appropriate box (closed tight or leaked).

Reduced Pressure Assembly:	#1 Check Valve	Print the gauge reading for the first check valve test in the space marked "RP*". (Examples: 5.0, 6.4, 7.2 etc.)*
	#2 Check Valve	Print the gauge reading for second check valve test in the space marked "Held at ___" (*Examples: 1.0, 1.6, 3.2 etc*.). Place an "X" in the appropriate box (leaked or closed tight).
	Differential Pressure Relief Valve	Print the gauge reading for the relief valve opening in the space marked "Opened at ___" (*Examples: 2.0, 3.4, 3.8 etc).*
Pressure Vacuum Breaker:	Air Inlet	Print the gauge reading at the point where the air relief valve opens, or place an "X" in the "did not open" box if the air relief does not open.
	Check Valve	Print the gauge reading at the point where the check valve held, or place an "X" in the "Leaked" box if the check valve leaked.

2. Repairs: Comments

Always record test failures. If the assembly is leaking when you walk up to it, record it as a failed initial test. Use this space to record all repairs made on assemblies. (Examples: #1 check kit, flushed assembly, relief valve kit, etc.) If parts must be ordered, fill out the TMR, indicate what parts are needed, when you expect to make repairs and send in the TMR. Complete another TMR when repairs are made.
If the assembly is replaced, show the old and new serial numbers. Let the City of Lubbock know if the old assembly is to be scrapped or put on the shelf to be used again after repairs.

3. Test After Repair:

Record test results after repairs are made. If the assembly still fails, show the failure and repairs on the TMR.

Final Backflow Test Status:

Place an "X" in the appropriate box. Did the backflow assembly pass or fail?

TECHNICIAN INFORMATION BLOCK:

Print tester's name: Print the backflow tester's name here.

Tester's signature: The backflow tester must sign the form here in **blue ink**.

Cert. No: Print your nine-digit TCEQ backflow license number on this line.

Phone No: Print your daytime phone number in this space. Please do not use your home phone number. COL requires this number to contact you during working hours. Cell phone and pager numbers are preferred.

Tester's address: Print backflow tester's home or business address on this line.

Test Date/Time: Print the date that the backflow assembly was tested and time on this line.

Gauge Calibration:
Date/Serial No.
Model No.

Print the calibration date of your gauge. Print serial number used to conduct the operational backflow prevention assembly certification test. This must be a gauge that is registered with COL. Print model number of the gauge used to conduct the operational backflow prevention assembly certification test.
You can be registered with more than one gauge. Others can be registered on the same gauge.

Forward the original TMR to the City of Lubbock. Keep a copy for your own records and give a copy to your customer.

Please contact the City of Lubbock Water Conservation and Compliance Department with any questions at 775-3596.