



ROUND ROCK TEXAS

NEW INSTALLATION

CROSS CONNECTION SECTION TEST AND MAINTENANCE REPORT

Account # _____
(Office Use)

Bldg. Permit # _____

Testing Firm Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Telephone: _____ Certified Fire Line Contractor Fire Line Test

Property Owner/Business Name: _____ Commercial Residential

Property Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner/Contact: _____ Phone: _____

Email: _____

Device Serial #: _____ Size: _____ Manufacturer: _____ Model: _____

Device Location: _____ Reason Installed: _____

Type of Cross-Connection

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLE-CHECK ASSEMBLY		Relief Valve	Air Relief	Check Valve
	1st Check	2nd Check			
Initial Test	DC Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____ RPZ _____ <small>PSID</small>	Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____	Opened at _____ <small>PSID</small>	Opened at _____ <small>PSID</small> Did not open <input type="checkbox"/>	Closed at _____ <small>PSID</small> Did not close <input type="checkbox"/>
Materials & Repairs					
Test After Repairs	DC Closed tight <input type="checkbox"/> PSI _____ RPZ _____ <small>PSID</small>	Closed tight <input type="checkbox"/> PSI _____	Opened at _____ <small>PSID</small>	Opened at _____ <small>PSID</small>	Closed at _____ <small>PSID</small>

Has this device been installed according to manufacturer's specs or code? Yes No

Test Results: Pass Fail

The above is certified to be true.

Gauge Serial #: _____ Calibration Date: _____

City of Round Rock - Building Inspection Department
301 W. Bagdad #100, Round Rock, TX 78664
Phone: 512-218-5550

Tester Printed Name: _____

Certified Tester #: _____ Test Date: _____

Tester Signature: _____

WARNING: City of Round Rock must have current copies of tester's BPAT license and gauge calibration certification or report will not be accepted.

FORM MUST REMAIN ON-SITE FOR INSPECTION DEPARTMENT