

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters. **Please Print**

Property Name:		
Property Address:		Zip Code:
Contact Name:	Phone Number: ()	
Mailing Address:		
City:	State:	Zip Code:
Email:		
Property Management Co. (if any):		

PFH Technician:		Date of Inspection:
Company Name:		Phone Number: ()
Mailing Address:		
City:	State:	Zip Code:

Hydrant ID Number:			
Hydrant Mfg:		Model:	Year:
Latitude:		Longitude:	
Is the fire line metered? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, fill in meter information below:</i>	
Meter Number:		Size:	Read:
Backflow device installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, fill in backflow device information below:</i>	
Mfg:	Model:	Size:	Serial Number:
Type: <input type="checkbox"/> RPZ <input type="checkbox"/> Swing Check <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA		<i>If DCDA, fill in meter information below:</i>	
DCDA Meter Number:		Size:	
Was the DCDA meter running before beginning work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Read:
Was the DCDA meter running after work completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Read:

Nozzle Size:	Pitot Reading:	psi	Total GPM @ 20 psi residual:
Static Pressure:	psi	Residual Pressure:	psi
Coefficient:	Length of Test:	minutes	Velocity (flow):
CL ₂ Residual:	Post De-Chlorination CL ₂ Residual:		
Indicate all fire pumps used during test:			

Is the hydrant in need of repair? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, answer questions on page 2.</i>
Repairs Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hydrant removed from service? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, answer question below:</i>
Out of Service Hydrant reported to Austin Fire Dept.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hydrant Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, fill in hydrant information below:</i>
New Hydrant Mfg:	Model:	Year:



Is a hydrant wrench available and accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the hydrant painted red?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the paint in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the hydrant free of obstructions within a 3 foot radius?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the hydrant free of leaks, cracks, physical damage, and corrosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the traffic flange kit in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the steamer opening at least 18" above finished grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the steamer opening unobstructed and facing the street?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the operating nut in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the threads, outlets, caps, and stem in good repair and lubricated with food grade grease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the hydrant free of ice or water in the barrel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were all mainline strainers, if installed, cleaned, and free from plugging and corrosion?	<input type="checkbox"/> Yes/NA	<input type="checkbox"/> No
Is the standard City of Austin 3-way hydrant, with COA approved thread, installed? <i>** 2ea @ 2 1/2" outlets with NST threads, 1ea @ 4" steamer with COA thread, 6 threads per inch, blunt start or Higby Cut, 4.859" outer diameter, 4.625" root diameter**</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the hydrant flowed until clear (at least one minute)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the dry barrel hydrant drain in at least one hour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were the dry barrel hydrants that did not drain, pumped out and identified?	<input type="checkbox"/> Yes/NA	<input type="checkbox"/> No
Were all control and isolation valves exercised, and returned to normal operating position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did all backflow assemblies, if installed, pass full flow test?	<input type="checkbox"/> Yes/NA	<input type="checkbox"/> No
<i>Explain all "no" answers here:</i> _____ _____ _____		

Notes:

Inspection Results: Pass Fail

I certify that all the information on this report is true and correct.

PFH Technician Name: _____

Date: _____

Signature: _____

<p>Forward this report within 5 working days of test date to: City of Austin Special Services Division 3907 South Industrial Drive, Ste. 100 Austin, TX 78744-1070</p>	<p>Phone # (512) 972-1060 Fax # (512) 972-1260 www.austintexas.gov/departments/special-services-water-protection</p>
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