ANNUAL TEST FORM
BACKFLOW PREVENTORS

ROCHESTER PUBLIC UTILITIES
WE PLEDGE, WE DELIVER

ROCHESTER COMMUNITY DEVELOPMENT

CUSTOMER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

☐ NEW INSTALLATION   ☐ EXISTING   ☐ REPLACEMENT   OLD ASSEMBLY S.N.: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: ☐ RPZ ☐ DCV ☐ PVB ☐ SVB   SIZE: _____   INSTALLATION DATE: _____

MANUFACTURER: _____   MODEL: _____   SERIAL #: _____

RELIEF VALVE	CHECK VALVE #2 Back Pressure Test	CHECK VALVE #1 In Direction of Flow Test	CHECK VALVE #2 In Direction of Flow Test	Pressure/Spill Resistant Vacuum Breaker	DOUBLE CHECK VALVE In Direction of Flow Test	
					#1	#2
Opened at _____ psid ☐ Did Not Open	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight Differential Pressure Across check valve _____ psid	☐ Leaked ☐ Closed Tight Differential Pressure Across check valve _____ psid	Air inlet opened at _____ psid ☐ Did Not Open Check Valve ☐ Leaked held at _____ psid	☐ Leaked ☐ Closed Tight _____ psid	☐ Leaked ☐ Closed Tight _____ psid
☐ Passed ☐ Failed	☐ Passed ☐ Failed	☐ Passed ☐ Failed	☐ Passed ☐ Failed	☐ Passed ☐ Failed	☐ Passed ☐ Failed	☐ Passed ☐ Failed

CHECK ALL THAT APPLY

RELIEF VALVE	CHECK VALVE #2 Back Pressure Test	CHECK VALVE #1 In Direction of Flow Test	CHECK VALVE #2 In Direction of Flow Test	Pressure/Spill Resistant Vacuum Breaker	DOUBLE CHECK VALVE #1	DOUBLE CHECK VALVE #2
☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ Assembly ☐ Disc ☐ Diaphragm ☐ Spring ☐ O-rings ☐ Other	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ Assembly ☐ Disc ☐ Spring ☐ O-rings ☐ Other	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ Assembly ☐ Disc ☐ Spring ☐ O-rings ☐ Other	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ Assembly ☐ Disc ☐ Spring ☐ O-rings ☐ Other	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ Assembly ☐ Disc, air in ☐ Disc, CV ☐ Spring, air ☐ O-ring ☐ Other	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ Assembly ☐ Disc ☐ Spring ☐ O-rings ☐ Other	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ Assembly ☐ Disc ☐ Spring ☐ O-rings ☐ Other

Describe Repairs: _____
_____

Opened at _____ psid	☐ Closed Tight	Differential Pressure Across check valve _____ psid	Differential Pressure Across check valve _____ psid	Air Inlet _____ psid Check valve _____ psid	Check #1 _____ psid Check #2 _____ psid

☐ Opened shut off #1   ☐ Opened shut off #2   Water Pressure: _____   Test Kit SN: _____

Remarks: _____
_____

I hereby certify that this date is accurate and reflects the proper operation and maintenance of the assembly.

TESTER'S NAME (print) _____   CERT. # _____

TESTER'S SIGNATURE _____   DATE _____   TIME _____

COMPANY _____