



# ANNUAL TEST FORM BACKFLOW PREVENTORS

Submit form to:  
 Rochester Public Utilities  
 4000 East River Rd NE  
 Rochester, MN 55906  
 Email: backflowtesting@rpu.org  
 Fax: 507.280.1542

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
Opened at _____ psid <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential Pressure Across check valve _____ psid	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential Pressure Across check valve _____ psid	Air inlet opened at _____ psid <input type="checkbox"/> Did Not Open <input type="checkbox"/> Leaked held at _____ psid	#1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ psid #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ psid
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed

**CHECK ALL THAT APPLY**

#1	#2
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other
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<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other

Describe Repairs: \_\_\_\_\_

Opened at _____ psid	<input type="checkbox"/> 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
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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 \_\_\_\_\_