



# 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 test 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 Check Valve <input type="checkbox"/> Leaked held at _____ psid	#1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ psid _____ 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"/> Passed <input type="checkbox"/> Failed <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	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc, air in <input type="checkbox"/> Disc, CV <input type="checkbox"/> Spring, air <input type="checkbox"/> O-ring <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

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 \_\_\_\_\_