



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 ☐ 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	<table border="1"><thead><tr><th>#1</th><th>#2</th></tr></thead><tbody><tr><td>☐ Leaked ☐ Closed Tight</td><td>☐ Leaked ☐ Closed Tight</td></tr><tr><td>_____ psid</td><td>_____ psid</td></tr></tbody></table>	#1	#2	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight	_____ psid	_____ psid
#1	#2										
☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight										
_____ psid	_____ psid										
☐ Passed ☐ Failed	☐ Passed ☐ Failed	☐ Passed ☐ Failed	☐ Passed ☐ Failed	☐ Passed ☐ Failed	<table border="1"><tbody><tr><td>☐ Passed ☐ Failed</td><td>☐ Passed ☐ Failed</td></tr></tbody></table>	☐ Passed ☐ Failed	☐ Passed ☐ Failed				
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CHECK ALL THAT APPLY

					#1	#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
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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 _____