ANNUAL TEST FORM
BACKFLOW PREVENTORS

we pledge, we deliver

Submit Form To:
4000 East River Rd NE
Rochester, MN 55906
Email: backflowtesting.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 Vacuum Breaker / Spill Resistant Vacuum Breaker	DOUBLE CHECK VALVE In Direction of Flow Test
Opened at _____ psi Did Not Open ☐ (Must Be 2 PSI or Greater)	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight Differential Pressure Across check valve _____ psi (Must Be At Least 3 PSI Higher Than The Relief Valve)	☐ Leaked ☐ Closed Tight Differential Pressure Across check valve _____ psi	Air inlet opened at _____ psi Did Not Open Check Valve ☐ Leaked ☐ held at _____ psi	#1 ☐ Leaked ☐ Closed Tight _____ psi #2 ☐ Leaked ☐ Closed Tight _____ psi
PASSED ☐ FAILED ☐	PASSED ☐ FAILED ☐	PASSED ☐ FAILED ☐	PASSED ☐ FAILED ☐	PASSED ☐ FAILED ☐	PASSED ☐ FAILED ☐ PASSED ☐ FAILED ☐

CHECK ALL THAT APPLY

☐ Cleaned Only Replaced:	☐ Cleaned Only Replaced:	☐ Cleaned Only Replaced:	☐ Cleaned Only Replaced:	☐ Cleaned Only Replaced:	#1 ☐ Cleaned Only #2 ☐ Cleaned Only Replaced:
Rubber Kit ☐ Assembly ☐ Disc ☐ Diaphragm ☐ Spring ☐ O-rings ☐ Other ☐	Rubber Kit ☐ Assembly ☐ Disc ☐ O-rings ☐ Spring ☐ Other ☐	Rubber Kit ☐ Assembly ☐ Disc ☐ O-rings ☐ Spring ☐ Other ☐	Rubber Kit ☐ Assembly ☐ Disc ☐ O-rings ☐ Spring ☐ Other ☐	Rubber Kit ☐ Assembly ☐ Disc, air in ☐ Disc, CV ☐ Spring, air ☐ O-ring ☐ Other ☐	Rubber Kit ☐ Rubber Kit ☐ Assembly ☐ Assembly ☐ Disc ☐ Disc ☐ O-rings ☐ O-rings ☐ Spring ☐ Spring ☐ Other ☐ Other ☐

Describe Repairs: _____

Opened at _____ psi	Closed tight	Differential Pressure Across check valve _____ psi	Differential Pressure Across check valve _____ psi	Air inlet _____ psi Check valve _____ psi	Check #1 _____ psi Check #2 _____ psi

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 _____