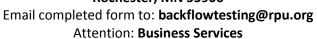
## **BACKFLOW PREVENTION ASSEMBLY TEST REPORT FORM**



Please fill this form out **COMPLETELY** and return to:

## Rochester Public Utilities 4000 East River Road NE Rochester, MN 55906





MANUFACTURER	MODEL	SIZE	SERIAL #
NAME OF BUSINESS			
ADDRESS (street, city, zip)			
LOCATION OF DEVICE IN BUIL	LDING		
TYPE OF BACKFLOW ASSEMBLY: RPZ DCV New Install Existing Device Replacement Old Assembly Serial #:			
	CHECK VALVE #1 (PRZ/DCV)	CHECK VALVE #2 (RPZ/DCV)	RELIEF VALVE (RPZ)
INITIAL TEST	1. Leaked 2. Closed Tight Held at PSID	1. Leaked 2. Closed Tight Held at	Did not open  Opened at PSID
R E P A I R S	☐ Cleaned ☐ Rubber Kit ☐ Rebuild ☐ Replaced ☐ Other		
FINAL TEST	Closed Tight Held at PSID	Closed Tight Held at PSID	Closed Tight Held at PSID
<u>CERTIFICATION</u> : I have completed the above test and hereby certify that this backflow device performed satisfactorily and meets all MN State Plumbing Codes and RPU's Water Service Rules and Regulations.			
Name of Tester	Date	Tester Certification #	Rebuilt Yes No
Check box if RPUZ is removed from Service	Removed by	Company	Date
THIS ASSEMBLY TEST PASSED FAILED  Comments:			