

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

Email completed form to: **backflowtesting@rpu.org**

Attention: **Business Services**

MANUFACTURER _____ MODEL _____ SIZE _____ SERIAL # _____

NAME OF BUSINESS _____

ADDRESS (street, city, zip) _____

LOCATION OF DEVICE IN BUILDING _____

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	<input type="checkbox"/> 1. Leaked <input type="checkbox"/> 2. Closed Tight Held at _____ PSID	<input type="checkbox"/> 1. Leaked <input type="checkbox"/> 2. Closed Tight Held at _____ PSID	<input type="checkbox"/> Did not open Opened at _____ PSID
R E P A I R S	<input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other		
FINAL TEST	<input type="checkbox"/> Closed Tight Held at _____ PSID	<input type="checkbox"/> Closed Tight Held at _____ PSID	<input type="checkbox"/> Closed Tight Held at _____ PSID

CERTIFICATION: 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.

_____ Rebuilt
 Name of Tester _____ Date _____ Tester Certification # _____ Yes No

Check box if RPUZ is removed from Service

 Removed by _____ Company _____ Date _____

THIS ASSEMBLY TEST PASSED FAILED

Comments: _____