



BACKFLOW PREVENTER TEST REPORT

**Development Services
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JOB ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL), Apt/Unit #
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BACKFLOW ASSEMBLY INFORMATION (All Fields are Required)			
System Served: _____	Manufacturer of Assembly: _____	Model # _____	
Size of Assembly: _____		Serial # _____	
Location of Assembly: Floor # _____	Room # _____	Date test was performed: _____	

Reduced Pressure Principle Backflow Preventer (RP) – TEST RESULTS				
	Check Valve #2	Shutoff Valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid
Describe parts and repairs when needed				
Final Test	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid

Double Check Backflow Prevention Assembly (DC) – TEST RESULTS			
	Check Valve #1	Check Valve #2	Shutoff Valve #2
Initial Test	Closed Tight ___ Yes ___ No psid _____	Closed Tight ___ Yes ___ No psid _____	Closed Tight ___ Yes ___ No
Describe parts and repairs when needed			
Final Test	Closed Tight ___ Yes ___ No psid _____	Closed Tight ___ Yes ___ No psid _____	Closed Tight ___ Yes ___ No

Pressure Vacuum Breaker Assembly (PVB) or Spill Resistant Vacuum Breaker (SRVB) – TEST RESULTS			
	Air Inlet Valve	Check Valve	Shutoff #2
Initial Test	Failed to Open ___ Yes ___ No Opened at _____ psid	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Closed Tight ___ Yes ___ No
Describe parts and repairs when needed			
Final Test	Opened at _____ psid	Closed Tight ___ Yes ___ No Pressure Drop Across Check Valve #1 _____ psid	Closed Tight ___ Yes ___ No

CERTIFICATION: I certify the foregoing information provided by me to be correct and that the tested device is functioning with the limits of the standards.

Name (Print): _____ **Signature:** _____ **Date:** _____

State of MN Certificate Number: _____