



# Backflow Preventer Test Report

Certified backflow testers and installers can submit online at [duluthmn.gov/eplace](http://duluthmn.gov/eplace). Complete this form and upload with your application.

<b>Job Address:</b> (Include Apt/Unit#)				
<b>Facility Name:</b>				
<b>BACKFLOW PREVENTER INFORMATION (All Fields are Required)</b>				
Equip/System Served: _____ Manufacturer of Assembly: _____ Model #: _____				
Size of Assembly: _____ Location of Assembly: Floor # _____ Room # _____ Date test was performed: _____				
<input type="checkbox"/> Rebuilt and Tested <input type="checkbox"/> Replaced and Tested <input type="checkbox"/> Only Tested <input type="checkbox"/> New Install and Tested           Serial#: _____ Old Serial#: _____				
<b>Reduced Pressure Principle Backflow Preventer (RP) – TEST RESULTS</b>				
<input type="checkbox"/> Fire Protection <input type="checkbox"/> Detector Fire Protection				
	<b>Check Valve #2</b>	<b>Shutoff Valve #2</b>	<b>Check Valve #1</b>	<b>Pressure Differential Relief Valve</b>
<b>Initial Test</b>	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				
<b>Final Test</b>	Closed Tight ____ Yes ____ No	Closed Tight ____ Yes ____ No	Closed Tight ____ Yes ____ No Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid
<b>Double Check Backflow Prevention Assembly (DC) – TEST RESULTS</b>				
<input type="checkbox"/> Fire Protection <input type="checkbox"/> Detector Fire Protection				
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Shutoff Valve #2</b>	
<b>Initial Test</b>	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No	
Describe parts and repairs when needed				
<b>Final Test</b>	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No _____ psid	Closed Tight ____ Yes ____ No	
<b>Pressure Vacuum Breaker Assembly (PVB) <input type="checkbox"/> or Spill Resistant Vacuum Breaker (SRVB) <input type="checkbox"/> – TEST RESULTS</b>				
	<b>Air Inlet Valve</b>	<b>Check Valve</b>	<b>Shutoff #2</b>	
<b>Initial Test</b>	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				
<b>Final Test</b>	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:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**FACILITY/OWNER CONTACT INFO (Required)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City State Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_