



**BUILDING
INSPECTIONS**
7071 University Ave NE
Fridley, MN 55432
Phone (763) 572-3604
Fax (763) 502-4977

BACKFLOW PREVENTER TEST REPORT

Instructions to Certified Testers: All information must be typed or printed clearly in black ink.

SITE ADDRESS:	FRIDLEY, MN	ZIP CODE:
OWNER/TENANT:	DATE:	TELEPHONE:
MAKE & MODEL:	SIZE:	SERIAL NUMBER:
LOCATION OF DEVICE:		

<input type="checkbox"/> NEW/OVERHAULED	<input type="checkbox"/> TEST YEAR 1	<input type="checkbox"/> TEST YEAR 2	<input type="checkbox"/> TEST YEAR 3	<input type="checkbox"/> TEST YEAR 4
---	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

	CHECK VALVE #1	CHECK VALVE #2	PRES DIF ACROSS #1 CHECK	PRES DIF WHEN RELIEF OPENS	STRAINER
TEST BEFORE REPAIRS	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed	_____psi	_____psi	<input type="checkbox"/> None <input type="checkbox"/> CLND
FINAL TEST	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed	_____psi	_____psi	

DESCRIBE REPAIR: _____

*** NOTE: WHEN REPLACING/REMOVING AN RPZ, PROVIDE SERIAL NUMBER OF RPZ BEING REPLACED/REMOVED**

CERTIFICATION:

I hereby certify the foregoing data to be correct and that the tested device is functioning within the limits of the standards.

 Plumbing Company:

 Address:

Certified By: _____ Certification #: _____ Phone #: _____
 (signature)

OFFICE USE ONLY:

RECEIVED: _____

ENTERED