



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City of Prior Lake Building Inspections
 4646 Dakota Street SE | Prior Lake MN 55372
 Office: 952.447.9850 | permits@PriorLakeMN.gov

Date: _____

Facility Name		Date of Test
Address of Device	City	State

BACKFLOW PREVENTER INFORMATION (All Fields Are Required)

Equipment/System Served		Manufacture of Assembly
Model #	Serial #	Last Date of Calibration
Assembly Location		Assembly Floor/Room #
Containment / Isolation Type <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Equipment		
Type of Assembly <input type="checkbox"/> RPZ <input type="checkbox"/> DCV <input type="checkbox"/> PVB <input type="checkbox"/> SVB		Size of Assembly

Line pressure at time of test		Report of Test Results			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves
Initial Test	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Opened Fully <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	#1 #2 Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/>
	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/>
Final Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				

COMMENTS: _____

INSPECTOR'S INFORMATION.

Company Name			
Company Address	City	State	Zip
Signature of Inspector			Date
I state the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the comment section above.			
License or Certification Number			
State License Number			