



Backflow Preventer Test Report

Certified backflow testers and installers can submit online at <https://duluthmn.gov/csi/permits-applications/apply-on-paper-or-online/>. Or complete this form and submit with \$40.00 fee to Construction Services and Inspections by mail or in person.

Job Address: (Include Apt/Unit#) _____

Facility Name: _____

BACKFLOW PREVENTER INFORMATION (All Fields are Required)

Equip/System Served: _____ Manufacturer of Assembly: _____ Model #: _____

Size of Assembly: _____ Location of Assembly: Floor # _____ Room # _____ Date test was performed: _____

Rebuilt and Tested Replaced and Tested Only Tested New Install and Tested Serial#: _____ Old Serial#: _____

Reduced Pressure Principle Backflow Preventer (RP) – TEST RESULTS

Fire Protection Detector Fire Protection

	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

Fire Protection Detector Fire Protection

	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: _____ **Phone:** _____

FACILITY/OWNER CONTACT INFO (Required)

Name: _____

Phone: _____

Address: _____

City State Zip: _____

Email: _____