

Send completed form to: inspectionsdept@goldenvalleymn.gov

Backflow Prevention Assembly Test Report Form

Device serial number		Make/Model	
Address of device		Owner of device	
Device location		Device protecting	
Owner contact (first and last name)	Phone	Owner contact email address	
Address of owner	City	State	Zip
Name of tester	Certification #	Expiration date	Phone
Business name	Business address	Email address	

Test Details (required information)

Pre-test details: Initial test Retest Standard test Audit test Size of device: _____

Strainer	<input type="checkbox"/> Strainer installed and cleaned before performing any testing					<input type="checkbox"/> Pressure type vacuum breaker	
Device type (risk)	<input type="checkbox"/> Reduced pressure zone device (high)					<input type="checkbox"/> Spill resistant vacuum breaker	
	<input type="checkbox"/> Double check valve (medium)						
Valve	First up-stream check valve	Second downstream check valve	Downstream isolation valve	Relief valve	Check valve	Air inlet	
Test result before repair or maintenance	<input type="checkbox"/> Closed tight ____kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight ____kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at ____kPa	<input type="checkbox"/> Not opened ____kPa	<input type="checkbox"/> Opened at ____kPa <input type="checkbox"/> Not opened	
Test result after repair or maintenance	<input type="checkbox"/> Closed ____kPa	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at ____kPa	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at ____kPa	
Describe maintenance							
Parts and material used							

Remarks (for replacement valves only)

Existing device serial number	Replacement device serial number
Signature of tester	Date



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

