



Department of Community Development  
**Building Safety Division**

Brainerd City Hall  
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 Brainerd, MN 56401

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## BACKFLOW PREVENTER TEST REPORT

**FACILITY NAME AND ADDRESS (Include Apt/Unit/Building #)**

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**BACKFLOW ASSEMBLY INFORMATION (All Fields are Required)**

Location of Assembly: Room Name: \_\_\_\_\_ Floor # \_\_\_\_\_ Room # \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Size: \_\_\_\_\_

New    Existing    Replacement - Old Serial # \_\_\_\_\_ System/Equipment Served: \_\_\_\_\_

Reduced Pressure Principle Backflow Preventer (RP) – TEST RESULTS				
	Check Valve #2	Shutoff Valve #2	Check Valve #1	Pressure Differential Relief Valve
<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
<b>Describe parts and repairs when needed</b>				
<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

Double Check Backflow Prevention Assembly (DC) – TEST RESULTS			
	Check Valve #1	Check Valve #2	Shutoff Valve #2
<b>Initial Test</b>	Closed Tight ____ Yes ____ No  psid _____	Closed Tight ____ Yes ____ No  psid _____	Closed Tight ____ Yes ____ No
<b>Describe parts and repairs when needed</b>			
<b>Final Test</b>	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
<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
<b>Describe parts and repairs when needed</b>			
<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: \_\_\_\_\_

State of MN Certificate Number: \_\_\_\_\_ Date \_\_\_\_\_