



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Shakopee Public Utilities

Facility Name		Test Report Due:	
Address			
Assembly Location			
Location ID		Assembly Info (Replacement/Correction)	
Containment / Isolation type <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Equipment		SN	<input type="checkbox"/>
Contact Name		Mfr.	<input type="checkbox"/>
Email Address		PH	Type <input type="checkbox"/>
Gauge Serial Number	Cal. Date	Company	Phone
		Size	<input type="checkbox"/>
		Model	<input type="checkbox"/>
		Install Date	
		Permit Num	
Hazard Type		Hazard Level	

Line pressure at time of test: _____		REPORT OF TEST RESULTS			<input type="checkbox"/> Approved BFP	
	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	Closed Tight Leaked	#1 <input type="checkbox"/> <input type="checkbox"/>
Pass Fail					#2 <input type="checkbox"/> <input type="checkbox"/>	
Final Test	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/> Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
					Pass	<input type="checkbox"/>

NOTES: _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

	Certification Number	Expiration Date:	
Initial Test By			
Final Test By			