



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Shakopee Public Utilities

Facility Name		Date of Test	
Address			
Assembly Location & Application		Assembly Info	
Containment / Isolation type	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Equipment	SN	
Contact Name		Mfr.	
Email Address		PH	Type
Gauge Serial Number	Cal. Date	Model #	Size
			Model
			Install Date
Hazard Type		Hazard Level	

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	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input checked="" 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	#1 <input type="checkbox"/>
Pass Fail	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked			Leaked	#2 <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"/>
					Pass <input type="checkbox"/>	

NOTES: _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

	Certification Number	Expiration Date:	
Initial Test By			
Final Test By			