REDUCED PRESSURE BACKFLOW PREVENTER TEST REPORT OR TESTABLE DOUBLE CHECKS

Service Name: _____ Contact Person/Tele: _____

Address: _____ City: _____ State: _____ Zip: _____

Device Location: _____ Serve what system: _____

Account No: _____ Serial Number: _____

Type: _____ Make: _____ Model: _____ Size: _____

Rebuild Due Date: _____ Test Due Date: _____

Annual Report

	Check Valve #1 Pressure _____	Check Valve #2 Pressure _____	Differential Pressure Relief Valve Opened at _____ psid reduced pressure. Did not open _____
	_____ Cleaned	_____ Cleaned	_____ Cleaned
	_____ Replaced	_____ Replaced	_____ Replaced
R	_____ Disc	_____ Disc	_____ Disc
E	_____ Spring	_____ Spring	_____ Spring
P	_____ Guide	_____ Guide	_____ Guide
A	_____ Pin Retainer	_____ Pin Retainer	_____ Diaphragm, Large
I	_____ Hinge Pin	_____ Hinge Pin	_____ Lower
R	_____ Seat	_____ Seat	_____ Upper
S	_____ Diaphragm	_____ Diaphragm	_____ Diaphragm, Small
	_____ Other, describe	_____ Other, describe	_____ Lower
	_____	_____	_____ Upper
			_____ Spacer, Lower
			_____ Other, describe
			_____

[_____] Sign and date Tag

The above is certified correct. Signed _____ DateTested: _____

Tested by (Print Name) _____ Certification Number _____

Company Name: _____ License Number _____

Company Telephone Number _____

All sections of this report must be completed.

Return to: **Saint Paul Regional Water Services**
ATTN: Lynda Preciado – Production
1900 Rice St
Saint Paul, MN 55113

Fee per Device
$ 35

Return with fee: Payable to the Board of Water Commissioners