



4141 Douglas Dr. N.
 Crystal, MN 55422
 Phone: 763- 531-1000
 customerservice@crystalmn.gov
 Website: www.crystalmn.gov

**Send Completed Form
 to
 customerservice@crystalmn.gov**

Backflow Prevention Assembly Test Report Form

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

Test Details (required information)

Pre-test details: <input type="checkbox"/> Initial test <input type="checkbox"/> Retest <input type="checkbox"/> Standard test <input type="checkbox"/> 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"/> Double check valve (medium)					<input type="checkbox"/> Spill resistant vacuum breaker	
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	_____ kPa <input type="checkbox"/> Not opened	<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	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	