



City of Rochester
Building Safety Department
 2122 Campus Dr SE, Suite 300
 Rochester MN 55904-4744
 Phone: (507) 328-2600
 Fax: (507) 328-2601
www.rochestermn.gov

Fill out this form COMPLETELY and return to
 Building Safety Department

Reduced Pressure Backflow Preventer Annual Test Report			
Manufacturer _____ Model _____ Size _____			
Serial No. _____ Name of Project _____			
Address (street, city, zip) _____			
Location of Device in Building _____			
	Check Valve #1	Check Valve # 2	Differential Pressure Relief Valve
Annual Test	1. Leaked _____ 2. Closed Tight _____	1. Leaked _____ 2. Closed Tight _____	1. Leaked _____ 2. Closed Tight _____
Repairs	Cleaned _____ Replaced: Disc. _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other (describe): _____	Cleaned _____ Replaced: Disc. _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other (describe): _____	Cleaned _____ Replaced: Disc. _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other (describe): _____
Final Test	Closed Tight _____	Closed Tight _____	Opened at _____ lbs reduced pressure.
Comments _____ _____			
The above report is certified to be true. Certification No. _____			
Initial test by _____ Co. _____ Date _____			
Repaired by _____ Date _____			
Final test by _____ Co. _____ Date _____			