

Backflow preventer installation/test report

All information must be typed or clearly printed in black ink.

Site address: _____

Current owner/occupant: _____

Contact full name: _____ Phone number: _____

Mailing address of contact: _____

Device make and model: _____

Device location: _____

Device serves what system: _____ Size: _____ Serial: _____

Plugged off Out of service ____ In use ____	Check valve #1	Check valve #2	Pressure differential across #1 check	Pressure differential when relief opens	Strainer
Test before repairs _____	Leaked ____ Closed ____	Leaked ____ Closed ____	_____ psi	_____ psi	None ____ Closed ____
Final test _____	Closed ____	Closed ____	_____ psi	_____ psi	

Describe repair: _____

Date of install: _____ Test date: _____

Certification: I hereby certify the foregoing data to be correct and that the test device is functioning within the limits of the standards.

Firm name: _____

Address: _____

By: _____ Phone number: _____

(print name clearly)

Signature: _____ ASSE Cert. #: _____

Reminders:

2015 plumbing code requires that all testable backflow devices be tested upon installation and at least annually thereafter by a certified backflow assembly tester. All testers must be certified to meet ASSE 5110.

Backflow devices which need replacement, repair or disconnect require a plumbing permit and inspection by the City of St. Louis Park.

City plumbing inspector approval: _____ Date: _____