

REDUCED PRESSURE BACKFLOW PREVENTER ANNUAL TEST REPORT

Fill out form **COMPLETELY** and return to:
City of Byron Public Works
680 Byron Main Court NE
Byron, MN 55920
Phone: 507-775-3413 Email: tricke@byronmn.com

NAME:		
ADDRESS:		
LOCATION:	MANUFACTURER:	
SERIAL NUMBER:	MODEL:	SIZE:

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
ANNUAL TEST	LEAKED _____ CLOSED TIGHT _____	LEAKED _____ CLOSED TIGHT _____	OPENED AT _____ LBS. REDUCED PRESSURE DID NOT OPEN _____
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 _____	Closed tight _____

The above report is certified to be true. Certification Number: _____

Annual Test by: _____ Company _____ Date: _____

Rebuilt by: _____ Company _____ Date: _____

Check box if RPZ is removed from service

Removed by: _____ Company _____ Date: _____

Comments _____
