

CITY OF WINONA
Department of Protective Inspections & Water
Backflow Prevention Assembly Performance Test Results
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Contact Person	Title	Business Phone #
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Company	Mailing Address	City/State/Zip
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<u>Site Address:</u> _____	<u>Location of Assembly:</u> _____
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<u>Type of Assembly:</u> _____	<u>Size:</u> _____
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<u>Manufacturer:</u> _____	<u>Model:</u> _____	<u>Serial</u> _____
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INITIAL TEST

<u>1st Check</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID	<u>RP relief valve</u> Opened at _____ PSID <input type="checkbox"/> Did not open	<u>2nd Check</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID	2 nd Check Back Pressure if it applies <u>Second check</u> <input type="checkbox"/> Closed tight
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FINAL TEST

<input type="checkbox"/> Closed tight Static _____ PSID	Opened at _____ PSID	<input type="checkbox"/> Closed tight Static _____ PSID	<u>Second Check</u> <input type="checkbox"/> Closed tight
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DETECTOR BYPASS ASSEMBLY INITIAL TEST

<u>1st Check</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID	<u>RP relief valve</u> Opened at _____ PSID <input type="checkbox"/> Did not open	<u>2nd Check</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID	2 nd Check Back Pressure if it <u>Second check</u> <input type="checkbox"/> Closed tight
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DETECTOR BYPASS ASSEMBLY FINAL TEST

<input type="checkbox"/> Closed tight Static _____ PSID	Opened at _____ PSID <input type="checkbox"/> Did not open	<input type="checkbox"/> Closed tight Static _____ PSID	<u>Second Check</u> <input type="checkbox"/> Closed tight
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PVB/SRVB INITIAL TEST

<u>Air Inlet Valve</u> Opened at _____ PSID <input type="checkbox"/> Did not open	<u>Check valve</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID
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PVB/SRVB FINAL TEST

<u>Air Inlet Valve</u> Opened at _____ PSID	<u>Check Valve</u> <input type="checkbox"/> Closed tight Static _____ PSID
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Assemblies in Fire Protection Systems

Note: Include hose stream demand where applicable

Forward Flow Test

Designed flow rate _____ GPM	Actual Flow Rate _____ GPM
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Indicating Control Valves

<input type="checkbox"/> No. one control valve open	<input type="checkbox"/> No. two control valve open	<input type="checkbox"/> Valve supervision:	<input type="checkbox"/> Tamper switch	<input type="checkbox"/> Locked
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Part(s) Replace/Comments

I hereby certify that this date is accurate and reflects the proper operation and maintenance of the assembly.

Tester Name _____ Accreditation No. _____

Company Name _____ Phone No. _____ Last Test Date: _____

Water Pressure at time of test _____ Date of Service _____