

**CITY OF WINONA**  
 Department of Protective Inspections & Water  
 Backflow Prevention Assembly Performance Test Results  
 Office: 507-457-8231 – Fax: 507-457-8212  
 Email: ksteinfeldt@winonamn.gov

<b>Contact Person</b>	<b>Title</b>	<b>Business Phone #</b>	
<b>Company</b>	<b>Mailing Address</b>	<b>City/State/Zip</b>	
Site Address:	Location of Assembly:		
Type of Assembly:	Size:		
Manufacturer:	Model:	Serial	
<b>INITIAL TEST</b>			
1 <sup>st</sup> Check	RP relief valve	2 <sup>nd</sup> Check	2 <sup>nd</sup> Check Back Pressure if it applies
<input type="checkbox"/> Closed tight	Opened at _____ PSID	<input type="checkbox"/> Closed tight	
<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	<input type="checkbox"/> Leaked	<u>Second check</u>
Static _____ PSID		Static _____ PSID	<input type="checkbox"/> Closed tight
<b>FINAL TEST</b>			
<input type="checkbox"/> Closed tight	Opened at _____ PSID	<input type="checkbox"/> Closed tight	<u>Second Check</u>
Static _____ PSID		Static _____ PSID	<input type="checkbox"/> Closed tight
<b>DETECTOR BYPASS ASSEMBLY INITIAL TEST</b>			
1 <sup>st</sup> Check	RP relief valve	2 <sup>nd</sup> Check	2 <sup>nd</sup> Check Back Pressure if it
<input type="checkbox"/> Closed tight	Opened at _____ PSID	<input type="checkbox"/> Closed tight	
<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	<input type="checkbox"/> Leaked	<u>Second check</u>
Static _____ PSID		Static _____ PSID	<input type="checkbox"/> Closed tight
<b>DETECTOR BYPASS ASSEMBLY FINAL TEST</b>			
<input type="checkbox"/> Closed tight	Opened at _____ PSID	<input type="checkbox"/> Closed tight	<u>Second Check</u>
Static _____ PSID	<input type="checkbox"/> Did not open	Static _____ PSID	<input type="checkbox"/> Closed tight
<b>PVB/SRVB INITIAL TEST</b>		<b>PVB/SRVB FINAL TEST</b>	
Air Inlet Valve	Check valve	Air Inlet Valve	Check Valve
Opened at _____ PSID	<input type="checkbox"/> Closed tight	Opened at _____ PSID	<input type="checkbox"/> Closed tight
<input type="checkbox"/> Did not open	<input type="checkbox"/> Leaked		Static _____ PSID
Static _____ PSID			
<b>Assemblies in Fire Protection Systems</b>		Note: Include hose stream demand where applicable	
<u>Forward Flow Test</u>			
Designed flow rate _____ GPM	Actual Flow Rate _____ GPM		
<u>Indicating Control Valves</u>			
<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			
Part(s) Replace/Comments			
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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 \_\_\_\_\_