



CITY OF INVER GROVE HEIGHTS REDUCED PRESSURE BACKFLOW PREVENTER ANNUAL TEST REPORT

Address _____
Occupant _____
Device Location _____
Service For _____
Device Make _____ Model _____
Size _____ Serial No. _____

I hereby certify that this report is correct and that the tested device is functioning within the limits of the standards on this day _____

Signed _____ Certification No. _____ Phone _____
Firm Name _____ Address _____
Irrigation Pad# _____

	Valve #1	Valve #2	Press. Diff. Across #1 Check	Press. Diff. When Relief Opens
Initial Test	Leaked <input type="checkbox"/> Closed <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed <input type="checkbox"/>	_____ P.S.I.	_____ P.S.I.
Final Test	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	_____ P.S.I.	_____ P.S.I.
Test Type: Annual <input type="checkbox"/> Fifth Year Rebuild <input type="checkbox"/>				
Describe Repairs: _____				