



CITY OF CHASKA

RPZ ANNUAL TEST REPORT AND MAINTENANCE REPORT FORM

JOB ADDRESS			
OWNER/OCCUPANT:		DESCRIPTION OF WORK: <input type="checkbox"/> Install <input type="checkbox"/> Test <input type="checkbox"/> Replace <input type="checkbox"/> Repair	
CONTACT PERSON:		SERVES WHAT SYSTEM:	
DEVICE LOCATION:		ROOM #	FLOOR NUMBER
MAKE:	MODEL:	SIZE:	SERIAL NUMBER:
INSTALL DATE: (MO/DAY/YR)		TEST DATE	

TEST YEAR

CHECK ONE	NEW INSTALL		1ST	2ND	3RD	4TH
	CHECK VALVE NO 1	CHECK VALVE NO 2	SHUT OFF VALVE NO 2	PRES. DIF. ACROSS NO 1 CHECK	PRES DIF WHEN RELIEF OPENS	STRAINER
TEST BEFORE REPAIRS	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	PSI	PSI	<input type="checkbox"/> NONE <input type="checkbox"/> CLOSED
FINAL TEST	<input type="checkbox"/> CLOSED	<input type="checkbox"/> CLOSED	<input type="checkbox"/> CLOSED	PSI	PSI	

DESCRIBE REPAIRS:

~DEVICE MUST BE PROPERLY TAGGED AFTER TEST~

TEST DONE BY: _____ <small>(Please print first and last name)</small>	CERTIFICATION NUMBER:
TESTER'S SIGNATURE: _____	
COMPANY NAME:	CONTRACTOR'S LICENSE # :
COMPANY ADDRESS	COMPANY PHONE #
CITY:	STATE:
ZIPCODE:	
CONTACT PERSON:	PHONE #

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