

Backflow Assembly Test Report

Address: 4500 Minto Road Castlegar BC V1N 4B3

Ph: (250) 365-8995 Fax: (250) 365-0594

Date: ____/____/____
mm dd yyyy

Name of Premise: _____ Service Address: _____

Location of Assembly: _____ Services: Premise / Area/Zone / Fixture: _____

Identification: _____ / _____ / _____ / _____
Type Manufacturer Model Serial Number Size

Inspection of Approved Air Gap: Inches: _____ Pass Fail **Dual Check Installed** Yes (Provide SN# above)

Reduced Pressure Backflow Assembly Apparent Pressure Drop _____ PSID **Line Pressure Test:** _____ PSIG

Initial Test	Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (circle)
	_____ PSID	<input type="checkbox"/>	_____ PSID	_____ PSID	Pass Fail

Backflow Preventer Information

- New Install
- Annual Test
- Removed
- Serial # _____
- Replaced
- Serial # _____
- Unprotected Bypass
- Bypass w/ Parallel BFP's

Initial Test	Double Check Valve Assembly			<input type="checkbox"/> Pressure Vacuum Breaker / <input type="checkbox"/> Spill Resistant		
	Check Valve #1 Closed Tight <input type="checkbox"/>	Check Valve #2 Closed Tight <input type="checkbox"/>	Assembly (circle)	Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (circle)
	_____ PSID	_____ PSID	Pass Fail	O/F <input type="checkbox"/>	_____ PSID	Pass Fail

Tester Information

Test After Repair	Double Check Valve Assembly			<input type="checkbox"/> Pressure Vacuum Breaker / <input type="checkbox"/> Spill Resistant		
	Check Valve #1 Closed Tight <input type="checkbox"/>	Check Valve #2 Closed Tight <input type="checkbox"/>	Assembly (circle)	Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (circle)
	_____ PSID	_____ PSID	Pass Fail	O/F <input type="checkbox"/>	_____ PSID	Pass Fail

Name: _____

Cert #: _____

Phone #: _____

Gauge Calibration: ____/____/____
M D Y

Business Name: _____

Test After Repair	Reduced Pressure Backflow Assembly			Apparent Pressure Drop _____ PSID		
	Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (circle)	
	_____ PSID	<input type="checkbox"/>	_____ PSID	_____ PSID	Pass Fail	

I certify that I have tested the above assembly in conformance with the procedures outlined in the AWWA Canadian Cross Connection Control Manual

Testers Signature: _____ Owner / Rep. Signature: _____ Shutoff valves returned to original position.

Note: _____

