



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City of White Rock Water Services

877 Keil Street, White Rock, BC V4B 4V6
Phone: (604) 541-2100 | Fax: (604) 541-2118

Fee \$35.00

Facility Name: _____

Service Address: _____ Postal Code: _____

Owner / Customer: _____ Initial Test Annual Test Repair Test

Owner's Contact Name: _____ Is this a replacement? Yes No
(If YES please include information for existing AND replacement assembly.)

Owner's Address: _____ Remarks: (Reason for installation, test, repair, etc.) _____

Postal Code: _____

Telephone # _____ Fax # _____

Assembly Location: _____ BFP Assembly _____ New or Existing _____ Replacement _____

Premises-Isolating Assembly Zone Assembly Fixture Assembly

Protection Type: Domestic Fire Irrigation
 Other (please specify) _____

Type _____ Manufacturer _____ Model _____

| | | | | | | |
|----------------------------|---|--|---|--|--|--|
| T E S T | REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.) | | | | Serial # | |
| | STATIC INLET LINE PRESSURE AT TIME OF TEST Psi | | | | Size | |
| | A Static Pressure Drop Across Check Valve No. 1 A Psi | | B Opening Point of Relief Valve - (Must be 2 Psi or greater) - B Psi | | Installation Date | |
| | C Buffer (must be 3 psi or greater) A - B = C = C Psi | | | | Water Meter # | |
| | Check Valve No. 1 | | Check Valve No. 2 | | RP Relief Valve Test | Plumbing Permit # |
| | <input type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 1 Held at _____ PSID (REQUIRED) <input type="checkbox"/> Leaked | | <input type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 2 Held at _____ PSID (REQUIRED) <input type="checkbox"/> Leaked | | <input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Failed to Open | Shut Off Valves #1 #2 Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> |

If the device failed the initial test for any reason, complete the Retest sections below

| | | | | | | |
|--|------------------------------------|------------------------------------|---|---|----|----|
| R E P A I R S | <input type="checkbox"/> CLEANED | <input type="checkbox"/> CLEANED | <input type="checkbox"/> CLEANED | <input type="checkbox"/> CLEANED | #1 | #2 |
| | <input type="checkbox"/> REPLACED | <input type="checkbox"/> REPLACED | <input type="checkbox"/> REPLACED | <input type="checkbox"/> REPLACED | | |
| | <input type="checkbox"/> Disc | <input type="checkbox"/> Disc | <input type="checkbox"/> Disc | <input type="checkbox"/> Air Inlet Disc | | |
| | <input type="checkbox"/> Spring | <input type="checkbox"/> Spring | <input type="checkbox"/> Spring | <input type="checkbox"/> Air Inlet Spring | | |
| | <input type="checkbox"/> Guide | <input type="checkbox"/> Guide | <input type="checkbox"/> Guide | <input type="checkbox"/> Check Disc | | |
| | <input type="checkbox"/> Seat | <input type="checkbox"/> Seat | <input type="checkbox"/> Seat | <input type="checkbox"/> Check Spring | | |
| | <input type="checkbox"/> Hinge Pin | <input type="checkbox"/> Hinge Pin | <input type="checkbox"/> Hinge Pin | <input type="checkbox"/> Float | | |
| | <input type="checkbox"/> O-Ring(s) | <input type="checkbox"/> O-Ring(s) | <input type="checkbox"/> O-Ring(s) | <input type="checkbox"/> Diaphragm | | |
| | <input type="checkbox"/> Module | <input type="checkbox"/> Module | <input type="checkbox"/> Module | <input type="checkbox"/> _____ | | |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Diaphragm <input type="checkbox"/> | | | |

Remarks: (Reason for failure and additional actions taken to repair, etc.) _____

| | | | | | | |
|--|---|--|---|--|--|--|
| R E T E S T | REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.) | | | | | |
| | STATIC INLET LINE PRESSURE AT TIME OF TEST Psi | | | | | |
| | A Static Pressure Drop Across Check Valve No. 1 A Psi | | B Opening Point of Relief Valve - (must be 2 psi or greater) - B Psi | | | |
| | C Buffer (must be 3 psi or greater) A - B = C = C Psi | | | | | |
| | Check Valve No. 1 | | Check Valve No. 2 | | RP Relief Valve Test | PVB/SRPVB |
| | <input type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 1 Held at _____ PSID (REQUIRED) <input type="checkbox"/> Leaked | | <input type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 2 Held at _____ PSID (REQUIRED) <input type="checkbox"/> Leaked | | <input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Failed to Open | Shut Off Valves #1 #2 Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> |

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:
(Signature of Tester - I certify the above device has been tested in accordance with the Canadian AWWA Cross Connection Control Manual)

| Tester's Name | AWWA Certification # | Company Name | Test Gauge S/N | Date of Test | Tester's Phone # |
|---------------|----------------------|--------------|----------------|--------------|------------------|
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