



## Backflow Prevention Assembly Test Report

Name of Property \_\_\_\_\_ Commercial  Residential

Street Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Location of Assembly \_\_\_\_\_

Equipment or Zone Isolated \_\_\_\_\_

Assembly _____	_____	_____	_____
Manufacturer (Make)	Model	Serial No.	Size

New Installation  **Permit No.** \_\_\_\_\_

Existing  Replacement  **Serial number of OLD assembly** \_\_\_\_\_

Line pressure at time of test \_\_\_\_\_ p.s.i.

### Type of Assembly

RPBA  DCVA  PVB  RPDA  DCDA  AG  Testing Equip: DIFF  DUP  ST

Reduced Pressure Assemblies				Pressure Vacuum Breaker	
Double Check Assemblies				Air Intake	Check Valve
First Check (A)	2nd Check	Relief Valve (B)	Buffer (a-b=c) (C)	Opened at _____ psid	Pressure Drop _____ psid
INITIAL TEST	DC closed tight <input type="checkbox"/> RP actual pres drop _____ psid Confirmation test Yes <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed tight <input type="checkbox"/> _____ psid No <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid  Passed <input type="checkbox"/> Failed <input type="checkbox"/>	_____ psid	Did not open <input type="checkbox"/>  Leaked <input type="checkbox"/>
TEST AFTER REPAIR	DC closed tight <input type="checkbox"/> RP actual pres drop _____ psid Confirmation test Yes <input type="checkbox"/>	Closed tight _____ psid	Opened at _____ psid  _____ psid	_____ psid	Opened at _____ psid  Pressure Drop _____ psid

**Air Gap Inspection: Required minimum air gap separation provided** Yes  No

\*\* IF ASSEMBLY FAILS INITIAL TEST, COMPLETE REVERSE SIDE OF WHITE COPY \*\*

Initial Test Performed by \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date (YMD) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_

**I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY AND THAT IT MEETS THE PERFORMANCE REQUIREMENTS OUTLINED IN THE CITY OF BURNABY PLUMBING BYLAW**

\_\_\_\_\_  
 Tester's Signature Owner's Representative - Please print name and sign

TEST REPORT MUST BE SUBMITTED **NO LATER THAN 10 DAYS** FOLLOWING TESTING

