



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 \$38.00

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	
	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight		<input type="checkbox"/> PVB/SRPVB	
	Pressure Drop Across Check Valve No. 1		Pressure Drop Across Check Valve No. 2		Air Inlet Opened at _____ PSID	
	Held at _____ PSID (REQUIRED)		Held at _____ PSID (REQUIRED)		Must be 13.79 kPa (2 psi) or greater	
	<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked		<input type="checkbox"/> Failed to Open	
	PASSED <input type="checkbox"/>				<input type="checkbox"/> Shut Off Valves	

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"/>	<input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Check Disc	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Float	<input type="checkbox"/>	<input type="checkbox"/>	
<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"/>	<input type="checkbox"/>	
<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<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	
	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight		<input type="checkbox"/> PVB/SRPVB	
	Pressure Drop Across Check Valve No. 1		Pressure Drop Across Check Valve No. 2		Air Inlet Opened at _____ PS D	
	Held at _____ PSID (REQUIRED)		Held at _____ PSID (REQUIRED)		Must be 13.79 kPa (2 psi) or greater	
	<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked		<input type="checkbox"/> Failed to Open	
	PASSED <input type="checkbox"/>				<input type="checkbox"/> Shut Off Valves	

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 #

The information on this form is collected solely for the purpose of recording test details and results