Backflow Prevention Assembly Test Report

Please submit to the City's Cross Connection Control Officer

Address of Assembly:_____ Occupant _____

Owner of Assembly:_____ Owner Contact _____

Address of Owner: _____ Postal code: _____ Telephone: (_____) - _____ - _____

Assembly: Existing ☐ New ☐ Replacement ☐

Location of Assembly in Building: _____

Serial #: _____ **Model:** _____ **Make:** _____ **Size:** _____

Line Pressure at Time of Test: _____ PSI. If the test is for an Air Gap, is minimum gap requirement provided? ☐Yes ☐No

Type of Assembly: RPBA ☐ RPDA ☐ DCVA ☐ DCDA ☐ PVBA ☐ SVBA ☐ AG ☐ Hazard Level _____

Premise Isolation ☐ if not, specify type of protection (choose one): Irrigation ☐ Fire Sprinkler ☐ Boiler feed ☐ Pool ☐

Air Conditioner ☐ Medical Equipment ☐ Refrigeration ☐ Other _____

Reduced Pressure Assemblies					**Pressure Vacuum Breaker**	
Double Check Assemblies						
Check Valve # 1 (A)		Check Valve # 2	Relief Valve (B)	Buffer (C) (A-B=C)	Air Inlet	Check Valve
Initial Test	*DC-closed tight? Yes ☐ No ☐ _____ psid ** RP –actual pressure drop _____ psid	*Closed tight? Yes ☐No ☐ _____ psid	**Opened at _____ psid PASSED ☐ FAILED ☐	** _____ psid	* Opened at _____ psid Did valve open? YES ☐ NO ☐	*Pressure Drop _____ psid Closed right? YES ☐ NO ☐
Test After Repair	*DC-closed tight? Yes ☐ No ☐ ** RP –actual pressure drop _____ psid	*Closed tight? Yes ☐ No ☐ _____ psid	**Opened at _____ psid PASSED ☐ FAILED ☐	** _____ psid	*Opened at _____ psid	Actual pressure drop _____ psid

Note: * **mandatory for RPBA, RPDA, DCVA** ** **mandatory for RPBA & RPDA**

To the best of your knowledge was the assembly installed correctly? Yes☐ No☐ Explain_____

*Initial Test Date: _____ *Test Performed by: _____

*Company Name: _____ Company Phone # & E-mail: _____

*Make of test kit _____*Model #_____*Calibration Date _____*Serial # _____

Comments or reason for failure: _____

_____

I certify that I have tested the above assembly and that the test meets the performance requirements outlined in the City of Maple Ridge Water Service Bylaw No.: **6825-2011.**

Tester's Signature: _____ **Tester's Certification #:** _____