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BACKFLOW PREVENTION TEST REPORT

Facility Name:

Service Address: Postal Code:

Owner / Customer:

Owner's Contact Name:

Owner's Address:

Postal Code:

Telephone # Fax #

Initial Test ☐ Annual Test ☐ Repair Test ☐

Is this a replacement? Yes ☐ No ☐
(If YES please include information for existing AND replacement assembly.)

Remarks: (Reason for installation, test, repair, etc.)

Assembly Location:

☐ Premises-Isolating Assembly ☐ Zone Assembly ☐ Fixture Assembly

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

BFP Assembly	New or Existing	Replacement
Type		
Manufacturer		
Model		
Serial #		
Size		
Installation Date		
Water Meter #		
Plumbing Permit #		

TEST

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
PASSED	☐ **Closed Tight** Pressure Drop Across Check Valve No. 1 Held at ▪ PSID (REQUIRED)	☐ **Closed Tight** Pressure Drop Across Check Valve No. 2 Held at ▪ PSID (REQUIRED)	Opened at _____▪_____ PSID Must be 13.79 kPa (2 psi) or greater
FAILED	☐ Leaked	☐ Leaked	☐ Failed to Open

PVB/SRPVB	Shut Off Valves	#1	#2	Air Gap
☐ Air Inlet Opened at _____ PSID	Closed Tight	☐	☐	☐ Annual Inspection
☐ Failed to Open	Leaked	☐	☐	☐ Meets Definition of Approved Air Gap

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

REPAIRS

Check Valve No. 1	Check Valve No. 2	RP Relief Valve Test
☐ CLEANED	☐ CLEANED	☐ CLEANED
☐ REPLACED	☐ REPLACED	☐ REPLACED
☐ Disc	☐ Disc	☐ Disc
☐ Spring	☐ Spring	☐ Spring
☐ Guide	☐ Guide	☐ Guide
☐ Seat	☐ Seat	☐ Seat
☐ Hinge Pin	☐ Hinge Pin	☐ Hinge Pin
☐ O-Ring(s)	☐ O-Ring(s)	☐ O-Ring(s)
☐ Module	☐ Module	☐ Module
☐ _____	☐ _____	☐ Diaphragm ☐ _____

PVB/SRPVB		#1	# 2
☐ CLEANED	CLEANED	☐	☐
☐ REPLACED	REPA RED	☐	☐
☐ Air Inlet Disc	REPLACED	☐	☐
☐ Air Inlet Spring			
☐ Check Disc			
☐ Check Spring			
☐ Float			
☐ Diaphragm			
☐ _____			

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

RETEST

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
PASSED	☐ **Closed Tight** Pressure Drop Across Check Valve No. 1 Held at ____.____PSID (REQUIRED)	☐ **Closed Tight** Pressure Drop Across Check Valve No. 2 Held at ____.____PSID (REQUIRED)	Opened at ____.____ PSID Must be 13.79 kPa (2 psi) or greater
FAILED	☐ Leaked	☐ Leaked	☐ Failed to Open

PVB/SRPVB	Shut Off Valves	#1	#2	Air Gap
☐ Air Inlet Opened at _____ PS D	Closed Tight	☐	☐	☐ Annual Inspection
☐ Failed to Open	Leaked	☐	☐	☐ Meets Definition of Approved Air Gap

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

Distribution **Copy 1** - Leduc County Public Works **Copy 2 -** Certified Tester/Company **Copy 3** - Retained on-site and available to Leduc County upon request