



# Backflow Prevention Assembly Test Report

**Cross Connection Control**  
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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 replaced 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
<b>Initial Test</b>	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	_____ psid	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
<b>Test After Repair</b>	DC closed tight <input type="checkbox"/> RP actual pres drop _____ psid Confirmation test Yes <input type="checkbox"/>	Closed tight <input type="checkbox"/> _____ psid	Opened at _____ psid	_____ psid	_____ psid	Opened at _____ psid	Pressure Drop _____ psid
<b>Air Gap Inspection: Required minimum air gap separation provided</b> Yes <input type="checkbox"/> No <input type="checkbox"/>							

\*\* 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

# Check Causes for Backflow Preventor Failing Initial Test

	Description	No. 1 Check Valve	No. 2 Check Valve	Relief Valve
1.	Isolating Gate Valve(s) Passing Water			
2.	Foreign Matter Introduced During Construction			
3.	Sand or Grit Inherent to the Supply System			
4.	Copper Filings Solder or Pipe Dope			
5.	Nuts, Bolts, Washers, etc. (not from assembly)			
6.	Paper, Cardboard or Sawdust			
7.	Improper Assembly Installed	N/A	N/A	
8.	Kinking of External Sensing Line			
9.	Air Entrapment			
10.	Turberculation or Rust			
11.	Frozen Assembly			
12.	Abnormal Rubber Disc Wear or Cuts			
13.	Spring(s)			
14.	O Ring(s)			
15.	Loss of Interior Coating			
16.	Disc Retainer (Fractured or Worn)			
17.	Retain Nut			
18.	Improper Casting or Machining of Assembly			
19.	Guide Mechanism			
20.	Obstructed Sensing Line	N/A	N/A	
21.	Diaphragm Failure	N/A	N/A	
22.	Replace Rubber Parts			
23.	Test Cock(s) Missing from Assembly			N/A
24.	Improper (Unapproved) Installation			
25.	Assembly no Longer Required			
26.	Assembly Replaced			
27.	Couldn't Test (Explain below)			
28.	Vertical Installation    Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A	N/A
29.	Other (specify) _____ _____ _____ _____  Remarks _____ _____ _____ _____			