



City of Pitt Meadows
 12007 Harris Road, Pitt Meadows, BC V3Y 2B5
 Phone: (604) 465-2425 Fax: (604) 465-2404

BACKFLOW ASSEMBLY TEST REPORT

Owner of Assembly: _____

Address of Device: _____

Location of Assembly (ie. Room Number): _____
Type of Equipment or Fixture Protected

Assembly: _____
Manufacturer (make) Model Serial No. Size

Existing Replacement New Permit #

Type of Assembly: RPBA.. , DCVA.. , PVBA.. , RPDA.. , DCDA.. , AG..

Line Pressure at Time of Test: _____ psi. Testing Equipment: DIFF. , DUP. , S.T.

	REDUCED PRESSURE ASSEMBLIES				PRESSURE VACUUM BREAKER	
	DOUBLE CHECK ASSEMBLIES		Relief Valve (B)	Buffer (A-B=C) (C)	AIR INLET	CHECK VALVE
	1 st Check (A)	2 nd Check (B)			Opened at _____ psid	Pressure Drop _____ psid
Initial Test	DC-closed tight <input type="checkbox"/> RP-Actual Press. Drop _____ psid Confirmation Test Leaked <input type="checkbox"/>	Closed Tight (-) <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Confirmation Test RP-Actual Press. Drop _____ psid	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> (-)	Opened at _____ psid		Opened at _____ psid	Pressure Drop _____ psid

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

Initial Test Date: _____

Testing Company: _____

Repair Date: _____

Phone #: _____

Final Test Date: _____

Name of Tester: _____

Please Print

I certify that I have tested the above device and that it meets the performance requirements outlined in the AWWA (Pacific Northwest Section) Cross Connection Control Standards and CAN/CSA-B64.10.

Signature of Tester _____

Certification Number _____