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N<sup>o</sup>:

PERMIT # \_\_\_\_\_  NEW  REPLACEMENT  ANNUAL TEST

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Name of Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Assembly: \_\_\_\_\_

Manufacturer/Make       Model       Serial No.       Size

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

Line Pressure at Time of Test: \_\_\_\_\_ psi.    Testing Equip.:    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 <sup>st</sup> Check (A)	2 <sup>nd</sup> Check (B)			Opened at _____ psid	Pressure Drop _____ psid
<b>Initial Test</b>	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"/>
<b>Test After Repair</b>	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	_____ psid	Opened at _____ psid	Pressure Drop _____ psid

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

Initial Test Performed By: \_\_\_\_\_ Cert. No.: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Y M D

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Complete reverse if assembly fails initial test.**

I certify that I have tested the above assembly and that it meets the performance requirements outlined in the latest edition of the PNW Section-AWWA, Cross Connection Control Manual, Accepted Procedure and Practice, Fifth Edition.

## CHECK CAUSES FOR BACKFLOW PREVENTOR FAILING INITIAL TEST

		No. 1 CHECK VALVE	No. 2 CHECK VALVE	RELIEF VALVE
1.	ISOLATING GATE VALVE(S) PASSING WATER			N/A
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			
8.	KINKING OF EXTERNAL SENSING LINE	N/A	N/A	
9.	AIR ENTRAPMENT			
10.	TUBERCULATION OR RUST			
11.	FORZEN 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.	RETAINER NUT			
18.	IMPROPER CASTING OR MACHINING OF ASSEMBLY			
19.	GUIDE MACHANISM			
20.	OBSTRUCTED SENSING LINE	N/A	N/A	
21.	DIAPHRAGM FAILURE	N/A	N/A	
23.	REPLACE RUBBER PARTS			
24.	TEST COCK(S) MISSING FROM ASSEMBLY			N/A
25.	IMPROPER (UNAPPROVED) INSTALLATION			
55.	ASSEMBLY NO LONGER REQUIRED			
66.	ASSEMBLY REPLACED			
97.	COULDN'T TEST – EXPLAIN BELOW			
98.	VERTICAL INSTALLATION –            YES <input type="checkbox"/> NO <input type="checkbox"/>	N/A	N/A	N/A
22.	OTHER: (SPECIFY) _____			

REMARKS: \_\_\_\_\_