



# BACKFLOW ASSEMBLY TEST REPORT

REGIONAL DISTRICT OF NORTH OKANAGAN  
 9848 Aberdeen Road  
 Coldstream, BC V1B 2K9

Date: \_\_\_\_\_

Name of Premise: \_\_\_\_\_ Service Address: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_ Services: Premise / Area/Zone / Fixture: \_\_\_\_\_

Identification: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Type Manufacturer Model Serial Number (S/N) Size

**Inspection of Approved Air Gap:** Inches: \_\_\_\_\_

**Dual Check Installed**

**Yes (Provide S/N above)**

**Reduced Pressure Backflow Assembly**

Apparent Pressure Drop \_\_\_\_\_ PSID

**Line Pressure Test: \_\_\_\_\_ PSIG**

Initial Test	Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (Choose PASS / FAIL)
	_____ PSID		_____ PSID	_____ PSID	

**Backflow Preventer Information**

New Install  
 Annual Test  
 Removed  
 Serial # \_\_\_\_\_  
 Replaced  
 Serial # \_\_\_\_\_

Unprotected Bypass  
 Bypass w/ Parallel BFP's

**Tester Information**

Name: \_\_\_\_\_  
 Cert #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Gauge Calibration: \_\_\_\_\_  
 Business Name: \_\_\_\_\_

Initial Test	<b>Double Check Valve Assembly</b>		<b>Pressure Vacuum Breaker /</b>		<b>Spill Resistant</b>
	Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (Choose PASS / FAIL)	Air Inlet Valve Opening Point	Check Valve Pressure Drop
	_____ PSID	_____ PSID		O/F	_____ PSID _____ PSID

Test After Repair	<b>Double Check Valve Assembly</b>		<b>Pressure Vacuum Breaker /</b>		<b>Spill Resistant</b>
	Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (Choose PASS / FAIL)	Air Inlet Valve Opening Point	Check Valve Pressure Drop
	_____ PSID	_____ PSID		O/F	_____ PSID _____ PSID

Test After Repair	<b>Reduced Pressure Backflow Assembly</b>		Apparent Pressure Drop _____ PSID		
	Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (Choose PASS / FAIL)
	_____ PSID		_____ PSID	_____ PSID	

I certify that I have tested the above assembly in conformance with the procedures outlined in the AWWA Canadian Cross Connection Control Manual

Testers Signature: \_\_\_\_\_ Owner / Rep. Signature: \_\_\_\_\_

Note: \_\_\_\_\_

**Shutoff valves returned to original position**

