



# 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)**

**Initial Test**

**Reduced Pressure Backflow Assembly** 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	

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

**Backflow Preventer Information**

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

Unprotected Bypass  
 Bypass w/ Parallel BFP's

**Initial Test**

**Double Check Valve Assembly** **Pressure Vacuum Breaker /** **Spill Resistant**

Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (Choose PASS / FAIL)	Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (Choose PASS / FAIL)
_____ PSID	_____ PSID		O/F	_____ PSID	_____ PSID

**Tester Information**

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

Cert #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Gauge Calibration: \_\_\_\_\_

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

**Test After Repair**

**Double Check Valve Assembly** **Pressure Vacuum Breaker /** **Spill Resistant**

Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (Choose PASS / FAIL)	Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (Choose PASS / FAIL)
_____ PSID	_____ PSID		O/F	_____ PSID	_____ PSID

**Test After Repair**

**Reduced Pressure Backflow Assembly** 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**

