



# Backflow Prevention Assembly Test Report

Please submit to the City's Cross Connection Control Officer

Address of Assembly: \_\_\_\_\_ Occupant \_\_\_\_\_

Owner of Assembly: \_\_\_\_\_ Owner Contact \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Postal code: \_\_\_\_\_ Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Assembly: Existing ☐ New ☐ Replacement ☐

Location of Assembly in Building: \_\_\_\_\_

Serial #: \_\_\_\_\_ Model: \_\_\_\_\_ Make: \_\_\_\_\_ Size: \_\_\_\_\_

Line Pressure at Time of Test: \_\_\_\_\_ PSI. If the test is for an Air Gap, is minimum gap requirement provided? ☐ Yes ☐ No

Type of Assembly: RPBA ☐ RPDA ☐ DCVA ☐ DCDA ☐ PVBA ☐ SVBA ☐ AG ☐ Hazard Level \_\_\_\_\_

Premise Isolation ☐ if not, specify type of protection (choose one): Irrigation ☐ Fire Sprinkler ☐ Boiler feed ☐ Pool ☐

Air Conditioner ☐ Medical Equipment ☐ Refrigeration ☐ Other \_\_\_\_\_

Reduced Pressure Assemblies					Pressure Vacuum Breaker	
Double Check Assemblies						
Check Valve # 1 (A)		Check Valve # 2	Relief Valve (B)	Buffer (C) (A-B=C)	Air Inlet	Check Valve
Initial Test	*DC-closed tight? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ psid ** RP -actual pressure drop _____ psid	*Closed tight? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ psid	**Opened at _____ psid PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	** _____ psid	* Opened at _____ psid Did valve open? YES <input type="checkbox"/> NO <input type="checkbox"/>	*Pressure Drop _____ psid Closed right? YES <input type="checkbox"/> NO <input type="checkbox"/>
Test After Repair	*DC-closed tight? Yes <input type="checkbox"/> No <input type="checkbox"/> ** RP -actual pressure drop _____ psid	*Closed tight? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ psid	**Opened at _____ psid PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	** _____ psid	*Opened at _____ psid	Actual pressure drop _____ psid

Note: \* mandatory for RPBA, RPDA, DCVA

\*\* mandatory for RPBA & RPDA

To the best of your knowledge was the assembly installed correctly? Yes ☐ No ☐ Explain \_\_\_\_\_

\*Initial Test Date: \_\_\_\_\_ \*Test Performed by: \_\_\_\_\_

\*Company Name: \_\_\_\_\_ Company Phone # & E-mail: \_\_\_\_\_

\*Make of test kit \_\_\_\_\_ \*Model # \_\_\_\_\_ \*Calibration Date \_\_\_\_\_ \*Serial # \_\_\_\_\_

Comments or reason for failure: \_\_\_\_\_  
 \_\_\_\_\_

I certify that I have tested the above assembly and that the test meets the performance requirements outlined in the City of Maple Ridge Water Service Bylaw No.: **6645-2009**.

Tester's Signature: \_\_\_\_\_

Tester's Certification #: \_\_\_\_\_

City of Maple Ridge

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Inspection Requests: [inspectionrequests@mapleridge.ca](mailto:inspectionrequests@mapleridge.ca)

Web Site: [www.mapleridge.ca](http://www.mapleridge.ca)

Inquiries at: [permits@mapleridge.ca](mailto:permits@mapleridge.ca)