



City of Pitt Meadows
 12007 Harris Road, Pitt Meadows, BC V3Y 2B5
 Phone: (604) 465-2430 Fax: (604) 465-2404

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Owner of Assembly: _____

Address of Assembly: _____

Contact: _____

Address of Contact: _____ Postal Code: _____

Assembly: Existing New Replacement Serial Number of replaced assembly: _____

* Assembly:

Make:

Model:

Serial #:

Size:

Type of Assembly: RPBA RPDA DCVA DCDA PVBA SVBA AG

Location of Assembly in Building: _____

Premise Isolation or if on fixture, specify fixture type: Irrigation Fire Sprinkler Boiler feed Pool Air Conditioner

Mandatory information is marked with an asterisk Medical Equipment Refrigeration Other _____

* Line Pressure at Time of Test:

psi

1. If type of assembly is RPBA, RPDA, DCVA (mandatory for RPBA, RPDA marked by double asterisk)				2. If type of assembly is PVBA or SVBA		
	1 st check of double check assemblies (A)	2 nd check of double check assemblies	Relief Valve (B)	Buffer (C) (A-B=C)	Air Inlet	Check Valve
Initial Test	* DC-closed tight? <input type="checkbox"/> Yes <input type="checkbox"/> No ** RP –actual pressure drop _____psid Confirmation test? <input type="checkbox"/> Yes <input type="checkbox"/> No Leaked <input type="checkbox"/>	* Closed tight? <input type="checkbox"/> Yes <input type="checkbox"/> No _____psid	** Opened at _____psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	** _____psid	* Opened at _____psid Did valve open? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Pressure Drop _____psid Closed right? <input type="checkbox"/> Yes <input type="checkbox"/> No
Test After Repair	* DC-closed tight? <input type="checkbox"/> Yes <input type="checkbox"/> No ** RP –actual pressure drop _____psid Confirmation test? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Closed tight? <input type="checkbox"/> Yes <input type="checkbox"/> No _____psid	** Opened at _____psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	** _____psid	* Opened at _____psid	Actual pressure drop _____psid

- 3. Is minimum air gap requirement provided on the R.P.B.A.? Yes No
- 4. If the test is for an Air Gap is minimum gap requirement provided? Yes No
- 5. To the best of your knowledge was the assembly installed correctly? Yes No

*Cert. #

*Initial Test Date: _____
 *Repair Date: _____
 *Final Test Date: _____

Test Performed by: _____
 Company Name: _____
 Company Phone: _____

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 Pitt Meadows Water Works Bylaw No. 2434, 2008.

* Tester's Signature: _____