



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Name of Premise: _____

Street Address: _____

Location of Assembly: _____

Assembly: _____
Manufacturer (make)
Model
Serial No.
Size

Existing New Replacement Serial No. of assembly being replaced _____

Type of Assembly: RPBA DCVA PVBA RPDA DCDA AG

Line Pressure at Time of Test: _____ psi.

	REDUCED PRESSURE ASSEMBLIES			PRESSURE VACUUM BREAKER		
	DOUBLE CHECK ASSEMBLIES		Relief Valve	Buffer (A-B=C)	AIR INLET	CHECK VALVE
	1 st Check (A)	2 nd Check	(B)	(C)	Opened at _____ psid	Pressure Drop _____ psid
Initial Test	DC-closed tight <input type="checkbox"/> _____ psid RP-actual pressure drop _____ psid Leaked <input type="checkbox"/>	Closed tight <input type="checkbox"/> _____ psid 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"/>
Test After Repair	DC-closed tight <input type="checkbox"/> _____ psid RP-actual pressure drop _____ psid	Closed tight <input type="checkbox"/> _____ psid	Opened at _____ psid	_____ psid	Opened at _____ psid	Pressure Drop _____ psid

Air Gap Inspection: Required minimum air gap separation provided: YES NO N/A

Initial Test Performed By: _____ Cert. No.: _____ Date: _____

Business Name: _____

Business Address: _____ Business Phone: _____

Test Gauge Model #: _____

Test Gauge Serial #: _____

Test Gauge Calibration: ____ / ____ / ____
MM DD YYYY

I certify that I have tested the above assembly and that it meets the performance requirements outlined in CSA B64.10.

 Tester's Signature