BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Name of Premise: _____

Street Address: _____

Contact Information for Owner/Property Representative

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Assembly Information

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
	1st Check (A)	2nd Check	(B)	(C)	Opened at _____.__ psid	Pressure Drop _____.__ psid
Initial Test	DC-closed tight ☐ _____.___psid RP-actual pressure drop ____.__psid Leaked ☐	Closed tight ☐ _____.___psid Leaked ☐	Opened at _____.___psid Passed ☐ Failed ☐	____.__psid	Did not open ☐	Leaked ☐
Test After Repair	DC-closed tight ☐ _____.___psid RP-actual pressure drop _____,__psid	Closed tight ☐ _____.___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: _____ Certificate No. _____ Date: _____

Business Name: _____ Phone: _____

Business Address: _____

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