

ANNUAL BACKFLOW PREVENTER TEST REPORT



CITY OF CHILLIWACK

Facility Name: _____

Address: _____

Assembly Location: _____

Test Date: _____ Line Pressure: _____ psi

Assembly Type: RPBA DCVA PVBA RPDA DCDA Orientation: HORIZONTAL VERTICAL

Isolating: SPRINKLER BOILER IRRIGATION DOMESTIC OTHER _____

Serial No: _____ Make: _____ Model: _____ Size: _____

Type of Test: ROUTINE INSTALLED RELOCATED SERVICED REPLACED

Test Equipment: DIFF. DUP. S.T. Test Equipment Serial No: _____

Test Equipment Calibration Date: _____ Fixture Isolation Premise Isolation

		Reduced Pressure Assembly		Pressure Vacuum Breaker			
		Double Check Assembly		Relief Valve (B)	Buffer (A-B=C) (C)	Air Inlet	Check Valve
		1st Check (A)	2nd Check				
Initial Test	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Buffer Value _____ psid	Opened at _____ psid	Pressure Drop _____ psid	
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Opened Fully <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Test After Repair	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Buffer Value _____ psid	Opened at _____ psid	Pressure Drop _____ psid	
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Opened Fully <input type="checkbox"/>	Leaked <input type="checkbox"/>	
Air Gap		Required Minimum Air Gap Separation Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>					

Initial Test: Passed Failed

Test After Repair: Passed Failed

Repair Summary (if applicable): _____

Tester Name: _____ BCWWA Cert. No.: _____

Testing Co. Name: _____ Phone: _____

Address: _____

In completing and submitting this test report, the tester certifies that the Assembly has been tested and maintained in accordance with, but not limited to, all applicable rules and regulations specified by the BC Water & Waste Association and the City of Chilliwack Waterworks Regulation Bylaw 2004, No. 2995.

Tester's Signature: _____

Owner's Signature: _____

Completed forms can be submitted to Operations at operations@chilliwack.com

City of Chilliwack 8550 Young Road, Chilliwack, BC V2P 8A4 | P: 604.793.2810 | F: 604.793.2997