



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please send test reports either by:
 Email: Crossconnection@rdcounty.ca
 Fax: (403) 309-9684
 Mail: Cross Connection Control
 38106 Range Road 275
 Red Deer County, AB T4S 2L9



Facility Name:

Service Address:

Postal Code:

Owner / Customer:

Initial Test Annual Test Repair Test

Owner's Contact Name:

Is this a replacement? Yes No
 (If yes please include information for existing AND replacement assembly.)

Owner's Address:

Remarks: (Reason for installation, test, repair, etc.)

Postal Code:

Telephone No.

Email:

Assembly Location:

BFP Assembly New or Existing Replacement

Premise-Isolating Assembly Zone Assembly Fixture Assembly

Type

Protection Type:

Manufacturer

Domestic Fire Irrigation Other _____

Model

**T
E
S
T**

REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)

Serial #

STATIC INLET LINE PRESSURE AT TIME OF TEST: _____ Psi

Size

A Static Pressure Drop Across Check Valve No. 1 _____ Psi

Installation Date

B Opening Point of Relief Valve - (Must be 2 Psi or greater) _____ Psi

Water Meter No.

C Buffer (must be 3 psi or greater) A - B = C _____ Psi

Plb. Permit No.

Check Valve No. 1

Check Valve No. 2

RP Relief Valve Test

PVB/SRPVB

Shut Off Valves

Air Gap

Closed Tight

Closed Tight

Opened at _____ PSID
 Must be 13.79 kPa (2 psi) or greater

Air Inlet Opened at _____ PSID

Closed Tight

#1 #2

Annual Inspection

Pressure Drop Across Check Valve No. 1
 Held at _____ PSID
 (REQUIRED)

Pressure Drop Across Check Valve No. 2
 Held at _____ PSID
 (REQUIRED)

Failed to Open

Failed to Open

Leaked

#1 #2

Meets Definition of Approved Air Gap

PASSED

FAILED

If the device failed the initial test for any reason, complete these sections below

**R
E
P
A
I
R
S**

CLEANED
 REPLACED
 Disc
 Spring
 Guide
 Seat
 Hinge Pin
 O-Ring(s)
 Module

CLEANED
 REPLACED
 Disc
 Spring
 Guide
 Seat
 Hinge Pin
 O-Ring(s)
 Module

CLEANED
 REPLACED
 Disc
 Spring
 Guide
 Seat
 Hinge Pin
 O-Ring(s)
 Module
 Diaphragm

CLEANED
 REPLACED
 Air Inlet Disc
 Air Inlet Spring
 Check Disc
 Check Spring
 Float
 Diaphragm

CLEANED #1 #2
 REPAIRED
 REPLACED

Remarks: (Reason for failure and additional actions taken to repair, etc.)

**R
E
T
E
S
T**

REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)

STATIC INLET LINE PRESSURE AT TIME OF TEST: _____ Psi

A Static Pressure Drop Across Check Valve No. 1 _____ Psi

B Opening Point of Relief Valve - (must be 2 psi or greater) _____ Psi

C Buffer (must be 3 psi or greater) A - B = C _____ Psi

Check Valve No. 1

Check Valve No. 2

RP Relief Valve Test

PVB/SRPVB

Shut Off Valves

Air Gap

Closed Tight

Closed Tight

Opened at _____ PSID
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Closed Tight

#1 #2

Annual Inspection

Pressure Drop Across Check Valve No. 1
 Held at _____ PSID
 (REQUIRED)

Pressure Drop Across Check Valve No. 2
 Held at _____ PSID
 (REQUIRED)

Failed to Open

Failed to Open

Leaked

#1 #2

Meets Definition of Approved Air Gap

PASSED

FAILED

THE ABOVE REPORT IS CERTIFIED TO BE TRUE: _____

(Signature of Tester - I certify the above device has been tested in accordance with the Canadian AWWA Cross Connection Control Manual)

Tester's Name	AWWA Certification #	Company Name	Test Gauge S/N	Date of Test	Tester's Phone #

The information on this form is collected solely for the purpose of recording test details and results.

Distribution: Copy 1 - EPCOR Water Services Copy 2 - Certified Tester/Company Copy 3 - Retained on-site and available to EPCOR upon request

Revision Date: Test Form for testers.xls 05/04/2019