



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please send test reports either by:
 Email: Crossconnection@rdcounty.ca
 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

Owner's Address: _____ (If yes please include information for existing AND replacement assembly.)

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

Telephone No. _____ Email: _____

Assembly Location: _____ BFP Assembly New or Existing Replacement

Premise-Isolating Assembly Zone Assembly Fixture Assembly

Protection Type: _____

Domestic Fire Irrigation Other _____

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 _____ A _____ Psi		B Opening Point of Relief Valve - (Must be 2 Psi or greater) _____ B _____ Psi		C Buffer (must be 3 psi or greater) A - B = C _____ C _____ Psi		Installation Date		
	Check Valve No. 1		Check Valve No. 2		RP Relief Valve Test		PVB/SRPVB	Shut Off Valves	Air Gap
	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight		Opened at _____ PSID Must be 13.79 kPa (2 psi) or greater		<input type="checkbox"/> Air Inlet Opened at _____ PSID	<input type="checkbox"/> Annual Inspection	
	Pressure Drop Across Check Valve No. 1		Pressure Drop Across Check Valve No. 2		Held at _____ PSID (REQUIRED)		<input type="checkbox"/> Failed to Open	<input type="checkbox"/> Meets Definition of Approved Air Gap	

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

R E P A I R S	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	#1	#2
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	CLEANED	<input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIRED	<input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	REPLACED	<input type="checkbox"/>
<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Check Disc			
<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring			
<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Float			
<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Diaphragm			
<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> _____			
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Diaphragm				

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 _____ A _____ Psi		B Opening Point of Relief Valve - (must be 2 psi or greater) _____ B _____ Psi		C Buffer (must be 3 psi or greater) A - B = C _____ C _____ Psi				
	Check Valve No. 1		Check Valve No. 2		RP Relief Valve Test		PVB/SRPVB	Shut Off Valves	Air Gap
	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight		Opened at _____ PSID Must be 13.79 kPa (2 psi) or greater		<input type="checkbox"/> Air Inlet Opened at _____ PSID	<input type="checkbox"/> Annual Inspection	
	Pressure Drop Across Check Valve No. 1		Pressure Drop Across Check Valve No. 2		Held at _____ PSID (REQUIRED)		<input type="checkbox"/> Failed to Open	<input type="checkbox"/> Meets Definition of Approved Air Gap	

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 #