

Annual Backflow Prevention Assembly Test Report

(Note: A separate report is required for each EXISTING BFP assembly

			act Info (please corr	ect or add missing info	ermation)		
Organization			Contact Person Name	Phone #			
Con	tact Mailing Address (I	Jnit No, Street No, Street Na	me, City, Postal Code				
		Facility Info	(please correct or ad	d missing information)	A 4450		
Faci	lity Name (Actual nam	e of building/structure of	Contact Person Name	a mooning imormation,	Phone #		
insta	lled device)				2 1 2		
Faci	ity Address (if differen	t than mailing address)		The second secon			
		RFP Assembly I	Info (please correct o	or add missing informa	tion)		
ESSAN.	Assembly Make	Assembly Model #	Assembly Serial #	Assembly Size	Assembly Type		
		V 1 2 F					
Loca	tion of Assembly			Device Orientation (HorV)	Line Pressure (psi)		
					. 9		
Proc	ess Hazard Type - (wh	at is it protecting?)					
	Initial B	FP Test Results	BEP Tostor - record to	ests BEFORE repairs h	ave been made)		
8 123	mittai D	Check Valve #1	Check Valve #2	Relief Valve	Buffer		
0	RPBA	RP Pressure Drop	22	Opened at	A - B = Buffer		
	or	(A)psid	-	(B) psid	psid		
0	RPDA	O Closed tight	O Closed tight	O Passed	O Passed		
		O Leaked	O Leaked	O Failed	O Failed		
	Air Gap	Required min	nimum air gap separation pro	ovided for RP?	OYES ONO		
	1	Check Valve #1	Check Valve #2	Sight Tube			
0	DCVA	O Closed tight	O Closed tight	O Closed tight			
	or	psid	psid	O Confirmation			
0	DCDA	O Leaked	O Leaked	O Leaked	r, a		
_		Air Inlet Valve	O Opened Fully	Check Valve	*		
O	PVBA	Opened at	O Passed	Closed at	O Passed		
Sec.	WEST OF THE PARTY	psid	O Failed	psid	O Failed		
	经济生物 。		Certified BFP Test	er Info			
Teste	er's Name (please print	t)	Tester's Cert. No	Company Name	Tester's Phone #		
	*				9		
7	est Guage Make	Test Guage Model #	Test Guage Serial #	Calibration Date	Calibrated By		
				and that it meets the perform			
	outlined in	the current edition of the B	C Building Code and Cana	dian Standards Association	- CAN/CSA B64.10		
Date	Test Completed (mon-	-dd-yyyy)		Owner's or Representative N	ame (please print)		
Γeste	r's Signature			Owner's or Representative Signature			
	MPLETED report to:	W AND THE STATE OF		o o or moprosonitative digitature			
City o	f Prince George - Utilit	ties Division	"I/We understand that the pe	ersonal information on this form	n is collected under		
400	Dotrinia Dlud						

1100 Patricia Blvd
Prince George, BC V2L 3V9 250-561-7550
or email to: aaron.white@princegeorge.ca
Doc#10416_v1

"I/We understand that the personal information on this form is collected under the authority of the Community Charter, Local Government Act and the City of Prince George's bylaws for the purpose of processing this application and for administration and enforcement. In accordance with the Freedom of Information and Privacy Act, this applications and associated documentation may become part of a public record.



Backflow Prevention Assembly REPAIR Test Report

	Assembly Status:	O			EPLACING DEVICE #			
Assembly Make	Assembly Model #	T	Assembly Serial #	1	Assembly Size	T	Assembly Type	
	,		,		, 1000		, toodingly Type	
	Check Valve #1		Check Valve #2		Relief Valve		<u>Buffer</u>	
O RPBA	RP Pressure Drop				Opened at		A - B = Buffer	
or	(A)psid				(B)psid		psid	
O RPDA	O Closed tight	0	Closed tight	0	Passed	0	Passed	
	O Leaked	0	Leaked	0	Failed	0	Failed	
FINAL TEST (if required	d) O Closed tight	0	Closed tight		psid		psid	
Air Gap	Required m	ninimu	m air gap separation p	provided for RP?			ES ONO	
and the second second	Check Valve #1		Check Valve #2		Sight Tube			
O DCVA	O Closed tight	0	Closed tight	0	Closed tight			
or	psid		psid	0	Confirmation			
O DCDA	O Leaked	0	Leaked	0	Leaked			
	Air Inlet Valve	0	Opened Fully		Check Valve			
O PVBA	Opened at	0	Passed		Closed at	0	Passed	
	psid	0	Failed		psid	0	Failed	
	Cause of	DED	Assembly Failing	Initi	15. 75. U.S. 176. 5 22.57			
Isolation gate valve(s) p		DILL	Assembly railing			or wor	en)	
Foreign matter introudue					Disc retainer (fractured or worn) Retainer nut			
Sand or grit inherent to	-				mproper casting or ma	chining	of assembly	
 Copper filings, solder or 					19. Guide Mechanism			
5. Nuts, bolts, washers, etc					20. Obstructed sending line			
6. Paper, cardboard, or say				21. Diaphragm failure				
7. Improper assembly insta			22. F	22. Replace rubber parts				
Kinking of external line			23. 7	23. Test cock(s) missing from assembly				
Air entrapment			24. I	24. Improper (unapproved) installation				
Tuberculation or rust				25. A	25. Assembly no longer required			
11. Frozen assembly					26. Assembly replaced			
12. Abnormal rubber disc w				27. Couldn't test (explain below)				
13. Spring(s)				28. Vertical installation O yes O no				
14. O-ring(s)				29. 0	Other (explain below)			
15. Loss of interior coating								
Remarks:								
		2	" I DED T		Maria Nasa Maria Maria		NAME OF THE PARTY OF THE PARTY OF THE	
Tester's Name (please print		Sertii	fied BFP Tester In Tester's Cert. No	1fO	Company Name		Tester's Phone #	
resters Maine (please print	1)		resters Cert. No		Company Name		Tester's Phone #	
T. 10	T = 10	1		1		1		
Test Guage Make	Test Guage Model #		Test Guage Serial #		Calibration Date		Calibrated By	
						12		
Tester's Certificat	tion: I certifiy that I have tes	ted the	above assembly and	d that	it meets the performa	nce re	quirements	
outlined inthe	e current edition of the BC E	Buildir	ng Code and Canadia	n Stan	dards Association - 0	CAN/C	SA B64.10	
Date Test Completed (mon-	-		Owne	Owner's or Representative Name (please print)				
- vocare (research southern Personality VIII-Tile				=	(F)			
Tootor's Signature		_			de es Deservirio	0:		
Tester's Signature Mail or Fax COMPLETED report to:			of Prince George - Utili		er's or Representative		e: 561-7550	
IVIGII OI I	LEILE IOPOIL (O.	willy !	IIIIOO OOOIYO - Ulli	DI	10.011	PHOH	U. UU I-7 UUU	

1100 Patricia Blvd. Prince George, BC or email to: aaron.white@princegeorge.ca

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