

Annual Backflow Prevention Assembly Test Report

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

Organization Contact Info (please correct or add missing information)				
Organization	Contact Person Name		Phone #	
Contact Mailing Address (Unit No, Street No, Street Name, City, Postal Code)				
Facility Info (please correct or add missing information)				
Facility Name (Actual name of building/structure of installed device)	Contact Person Name		Phone #	
Facility Address (if different than mailing address)				
BFP Assembly Info (please correct or add missing information)				
Assembly Make	Assembly Model #	Assembly Serial #	Assembly Size	Assembly Type
Location of Assembly			Device Orientation (HorV)	Line Pressure (psi)
Process Hazard Type - (what is it protecting?)				
Initial BFP Test Results (BFP Tester - record tests BEFORE repairs have been made)				
<input type="radio"/> RPBA or <input type="radio"/> RPDA	<u>Check Valve #1</u> RP Pressure Drop (A) _____psid <input type="radio"/> Closed tight <input type="radio"/> Leaked	<u>Check Valve #2</u> <input type="radio"/> Closed tight <input type="radio"/> Leaked	<u>Relief Valve</u> Opened at (B) _____psid <input type="radio"/> Passed <input type="radio"/> Failed	<u>Buffer</u> A - B = Buffer _____psid <input type="radio"/> Passed <input type="radio"/> Failed
Air Gap		Required minimum air gap separation provided for RP?		<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> DCVA or <input type="radio"/> DCDA	<u>Check Valve #1</u> <input type="radio"/> Closed tight _____psid <input type="radio"/> Leaked	<u>Check Valve #2</u> <input type="radio"/> Closed tight _____psid <input type="radio"/> Leaked	<u>Sight Tube</u> <input type="radio"/> Closed tight <input type="radio"/> Confirmation <input type="radio"/> Leaked	
<input type="radio"/> PVBA	<u>Air Inlet Valve</u> Opened at _____psid	<input type="radio"/> Opened Fully <input type="radio"/> Passed <input type="radio"/> Failed	<u>Check Valve</u> Closed at _____psid <input type="radio"/> Passed <input type="radio"/> Failed	
Certified BFP Tester Info				
Tester's Name (please print)		Tester's Cert. No	Company Name	Tester's Phone #
Test Guage Make	Test Guage Model #	Test Guage Serial #	Calibration Date	Calibrated By

Tester's Certification: I certify that I have tested the above assembly and that it meets the performance requirements outlined in the current edition of the BC Building Code and Canadian Standards Association - CAN/CSA B64.10

Date Test Completed (mon-dd-yyyy)

Owner's or Representative Name (please print)

Tester's Signature

Owner's or Representative Signature

x COMPLETED report to:

City of Prince George - Utilities Division
 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

(Note: Complete and return this page only if repair or replacement is required)

Assembly Status: REPAIR REPLACING DEVICE # _____

Assembly Make	Assembly Model #	Assembly Serial #	Assembly Size	Assembly Type
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<input type="radio"/> RPBA or <input type="radio"/> RPDA	Check Valve #1 RP Pressure Drop (A) _____ psid <input type="radio"/> Closed tight <input type="radio"/> Leaked	Check Valve #2 <input type="radio"/> Closed tight <input type="radio"/> Leaked	Relief Valve Opened at (B) _____ psid <input type="radio"/> Passed <input type="radio"/> Failed	Buffer A - B = Buffer _____ psid <input type="radio"/> Passed <input type="radio"/> Failed
	FINAL TEST (if required)	<input type="radio"/> Closed tight	<input type="radio"/> Closed tight	_____ psid

Air Gap	Required minimum air gap separation provided for RP?	<input type="radio"/> YES <input type="radio"/> NO
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<input type="radio"/> DCVA or <input type="radio"/> DCDA	Check Valve #1 <input type="radio"/> Closed tight _____ psid <input type="radio"/> Leaked	Check Valve #2 <input type="radio"/> Closed tight _____ psid <input type="radio"/> Leaked	Sight Tube <input type="radio"/> Closed tight <input type="radio"/> Confirmation <input type="radio"/> Leaked
	<input type="radio"/> PVBA Opened at _____ psid	<input type="radio"/> Opened Fully <input type="radio"/> Passed <input type="radio"/> Failed	Check Valve Closed at _____ psid

<input type="radio"/> PVBA Opened at _____ psid	<input type="radio"/> Opened Fully <input type="radio"/> Passed <input type="radio"/> Failed	Check Valve Closed at _____ psid	<input type="radio"/> Passed <input type="radio"/> Failed
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Cause of BFP Assembly Failing Initial Test

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|---|---|
| <ol style="list-style-type: none"> 1. Isolation gate valve(s) passing water 2. Foreign matter introduced during construction 3. Sand or grit inherent to the supply system 4. Copper filings, solder or pipe dope 5. Nuts, bolts, washers, etc (not from assembly) 6. Paper, cardboard, or sawdust 7. Improper assembly installed 8. Kinking of external line 9. Air entrapment 10. Tuberculation or rust 11. Frozen assembly 12. Abnormal rubber disc wear or cuts 13. Spring(s) 14. O-ring(s) 15. Loss of interior coating | <ol style="list-style-type: none"> 16. Disc retainer (fractured or worn) 17. Retainer nut 18. Improper casting or machining of assembly 19. Guide Mechanism 20. Obstructed sending line 21. Diaphragm failure 22. Replace rubber parts 23. Test cock(s) missing from assembly 24. Improper (unapproved) installation 25. Assembly no longer required 26. Assembly replaced 27. Couldn't test (explain below) 28. Vertical installation <input type="radio"/> yes <input type="radio"/> no 29. Other (explain below) |
|---|---|

Remarks: _____

Certified BFP Tester Info

Tester's Name (please print)		Tester's Cert. No	Company Name	Tester's Phone #
Test Guage Make	Test Guage Model #	Test Guage Serial #	Calibration Date	Calibrated By

Tester's Certification: *I certify that I have tested the above assembly and that it meets the performance requirements outlined in the current edition of the BC Building Code and Canadian Standards Association - CAN/CSA B64.10*

Date Test Completed (mon-dd-yyyy) _____

Owner's or Representative Name (please print) _____

Tester's Signature _____

Owner's or Representative Signature _____