



### 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	<b>Check Valve #1</b> RP Pressure Drop (A) _____psid <input type="radio"/> Closed tight <input type="radio"/> Leaked	<b>Check Valve #2</b> <input type="radio"/> Closed tight <input type="radio"/> Leaked	<b>Relief Valve</b> Opened at (B) _____psid <input type="radio"/> Passed <input type="radio"/> Failed	<b>Buffer</b> 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	<b>Check Valve #1</b> <input type="radio"/> Closed tight _____psid <input type="radio"/> Leaked	<b>Check Valve #2</b> <input type="radio"/> Closed tight _____psid <input type="radio"/> Leaked	<b>Sight Tube</b> <input type="radio"/> Closed tight <input type="radio"/> Confirmation <input type="radio"/> Leaked	
	<input type="radio"/> PVBA	<b>Air Inlet Valve</b> Opened at _____psid	<input type="radio"/> Opened Fully <input type="radio"/> Passed <input type="radio"/> Failed	<b>Check Valve</b> 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 Gauge Make	Test Gauge Model #	Test Gauge 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

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