

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Name of Premise:								
Street Address:								
Location of Assembly	7:							
Assembly:								
Make		Model	Serial #		ize Type			
Line Pressure at time	of test: PSI:	. Nev	/: □	Annual: □	Replacement:			
Initial Test	Results		A	apparent Pressure I	Oroppsid			
□ RPBA	Relief Valve (≥2psi) Opening Point (B)psid	Check Valve #2 □ Closed Tight		tic Pressure Drop Check Valve #1 psid	psid □ Passed			
	Required minimum air gap separation provided for RP?							
□ DCVA	Check Valve #1 ☐ Closed Tightpsid ☐ Leaked	Check Valve ☐ Closed Tighpsid ☐ Leaked	t	□ Passed	ssembly			
□ PVBA	Air Inlet Valve Opened atpsid		y	Che Closed atpsid				
☐ AIR GAP	Minimum air gap sep			□ Passed				
Contified	BFP Tester Info (BFI	D. Tostov Dloggo fi	l out tl	his section and sig	m holow)			
Tester's Name (Please	Test		este Number	Tester's Phone No.				
Company Name								
	n: I certify that I have I in the current edition		-		- ·			
_	Date Test Completed (dd-mmm-yyyy)							
TEST RESULTS AFTER REPAIRS ON REVERSE SIDE								
Mail or Fax COMPLETED report to: Within 48 Hours		City of Parksville Cross Connection Department Engineering & Operations						

P.O. Box 1390 Parksville, BC V9P 2H3

Telephone: (250) 248-5412 Fax: (250) 248-6140



BACKFLOW PREVENTION ASSEMBLY TEST RESULTS AFTER REPAIRS

Name of Premise:												
Street Address:												
Line Pressure at tin	PSI	Recertification Test:										
Repaired or Repla	ced BFP Assemb	ly Info	(BFP Tester	– Plea	ase cor	rect or	add missin	g information)				
Assembly Status: Repair Replacement (if required, fill in appropriate date)												
Assembly Make	Assembly Model No.	Assembl	y Serial No	Assem	bly Size ((in.)	Assembly Type	e External BFP No				
TEST RES		Apparent Pressure Droppsid										
□ RPBA	Opening Po	Relief Valve (≥2psi) Opening Point (B)psid □ Closed Tigh □ Leaked		ight	Static Pressure Drop Check Valve #1 (A)psid			Buffer (≥3 psid) A - B = Buffer psid □ Passed □ Failed				
	Required mini	Required minimum air gap separation provided for RP? ☐ YES ☐NO										
□ DCVA	☐ Closed Tig	Check Valve #1 Check Valve □ Closed Tight □ Closed Tight psid psi □ Leaked □ Leaked			□ Passed □ Failed							
		Air Inlet Valve □ Opened Ful										
□ PVBA	_	Opened at Passed			Closed at ☐ Passed ☐ Pailed							
☐ AIR GAP		psid ☐ Failed Minimum air gap separation achieved				☐ Failed ☐ Failed						
		5-11				☐ Pas						
Certifie	ed BFP Tester Inf	o (BFP	Tester – Ple	ase fill	out th	nis secti	on and sign	n below)				
Tester's Name (Please Print)						's BCWV cate Nur		Tester's Phone No.				
Company Name				Į.			1					
Tester's Certificat requirements outlin CAN / CSA B64.10	ned in the current				-							
	Tester's Sign	nature		Date Test Completed (dd-mmm-yyyy)								
Mail or Fax COMPLETED report to: Within 48 Hours City of Parksville Cross Connection Department Engineering & Operations P.O. Box 1390												

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