

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	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
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	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	Air Inlet Valve 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	

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

