CITY OF DELTA
Engineering Department
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Backflow Prevention Assembly Test Report

Owner/Occupier/Property Manager: _____

Facility Type: Commercial ☐ Industrial ☐ Institutional ☐ Agricultural ☐ Single Family ☐ Multi-Family ☐

Address of Assembly: _____ Postal Code: _____

Location of Assembly: _____ Hazard: _____

Contact Person: _____ Phone: _____ Email: _____

New Installation: ☐ Plumbing Permit No: _____ Unregistered ☐

Type: RPBA ☐ RPDA ☐ DCVA ☐ DCDA ☐ PVBA ☐ SVBA ☐ AG ☐

Assembly: _____ _____ _____ _____
(Manufacturer/Make) (Model) (Serial #) (Size)

Testing Equipment: _____ _____ _____ Sight Tubes: Yes ☐
(Gauge Mode) (Gauge Serial #) (Calibration Date (mm/dd/yyyy)

Test Kit Serial Number: _____

Line Pressure: _____ PSI
Air Gap: Pass ☐ Fail ☐

	Reduced Pressure Backflow Assembly			
Initial Test	Static Pressure Drop Check Valve #1: _____PSI	Check Valve #2: Closed Tight ☐ Leaked ☐	Relief Valve Opened at: _____ PSI	Buffer: _____ PSI Pass ☐ Fail ☐
Test After Repair	Static Pressure Drop Check Valve #1: _____PSI	Check Valve #2: Closed Tight ☐ Leaked ☐	Relief Valve Opened at: _____ PSI	Buffer: _____ PSI Pass ☐ Fail ☐

	Double Check Valve Assembly		**S or P Vacuum Breaker Assembly**	
Initial Test	Check Valve #1: _____ PSI Closed Tight ☐ Leaked ☐	Check Valve #2: _____ PSI Closed Tight ☐ Leaked ☐	Air Inlet Valve Opening Pt: _____ PSI Did not open ☐	Check Valve Pressure Drop: _____ PSI Closed Tight ☐ Leaked ☐
	Assembly: Pass ☐ Fail ☐		Assembly: Pass ☐ Fail ☐	
Test After Repair	Check Valve #1: _____ PSI Closed Tight ☐ Leaked ☐	Check Valve #2: _____ PSI Closed Tight ☐ Leaked ☐	Air Inlet Valve Opening Pt: _____ PSI Did not open ☐	Check Valve Pressure Drop: _____ PSI Closed Tight ☐ Leaked ☐
	Assembly: Pass ☐ Fail ☐		Assembly: Pass ☐ Fail ☐	

Comments: _____

Tester name: _____ Certification No: _____ Date of Test: _____

Tester Company Name: _____ Phone: _____

Tester Company Address: _____ Postal Code: _____

I certify that I have tested the above assembly and that it meets the performance requirements outlined in the CSA Manual for The Maintenance and Field Testing of Backflow PreventionDevices B 64. 10. 1-01, latest edition.

Tester's Signature: _____ Contact's Signature: _____

Please return completed backflow prevention assembly test report within 30 days of test and email to Engineering@delta.ca.