City of Delta
Engineering Department

# 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<br>Check Valve #1: _____PSI | Check Valve #2:<br>Closed Tight ☐<br>Leaked ☐ | Relief Valve<br>Opened at: _____ PSI | Buffer:<br>_____ PSI<br>Pass ☐ Fail ☐ |
| **Test After Repair** | Static Pressure Drop<br>Check Valve #1: _____PSI | Check Valve #2:<br>Closed Tight ☐<br>Leaked ☐ | Relief Valve<br>Opened at: _____ PSI | Buffer:<br>_____ PSI<br>Pass ☐ Fail ☐ |

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

Personal information is collected by the City of Delta under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used to administer the Backflow Prevention Assembly Test Report with the City of Delta, Engineering Department. Should you have any questions about the collection of this personal information please contact one of the following options:

| | or contact the City Clerk at: | |
|---|---|---|
| City of Delta, Engineering Department<br>Email address: engineering@delta.ca<br>Phone: 604-946-3260<br>**Mail or in-person:** City of Delta<br>4500 Clarence Taylor Crescent, Delta, BC V4K 3E2 | | Michelle Jansson, City Clerk/FOI Head<br>Email address: CityClerk@delta.ca<br>Phone: 604-946-3220<br>**Mail or in-person:** City of Delta<br>4500 Clarence Taylor Crescent, Delta, BC V4K 3E2 |