



BACKFLOW ASSEMBLY TEST

Name of Premise: _____

Street Address: _____

Location of Assembly: _____
List Type of Fixture, Zone or Premise

Assembly: _____
Manufacturer (make)
Model
Serial No.
Size

Type of Assembly: _____ Annually Replacement New Orientation H or V

Line Pressure at Time of Test: _____ psi. Testing Equipment: DIFF. DUP. S.T.

	REDUCED PRESSURE ASSEMBLIES				PRESSURE VACUUM BREAKER	
	DOUBLE CHECK ASSEMBLIES		Relief Valve (B)	Buffer (A-B=C) (C)	AIR INLET	CHECK VALVE
	1 st Check (A)	2 nd Check (B)			Opened at _____ psid	Pressure Drop _____ psid
Initial Test	Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	_____ psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Opened Fully <input type="checkbox"/> Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
Test After Repair	Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	_____ psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ psid	Pressure Drop _____ psid

Air Gap Inspection: Required minimum air gap separation provided: Yes No

Initial Test Date: _____/_____/_____

Testing Company: _____

Repair Test Date: _____/_____/_____

Phone #: _____

Final Test Date: _____/_____/_____

Name of Tester: _____

Please Print

Water Service Restored YES NO

Test Equipment Calibration Date: _____

Comments: _____

I certify that I have tested the above device and that it meets the performance requirements outlined in the AWWA (Pacific Northwest Section) Cross Connection Control Standards and CAN/CSA-B64.10.

Signature of Tester: _____

Certificate No: _____

Owner's or Representative Signature: _____

Plumbing Permit #: _____

Please email all completed test reports to inspections@lumby.ca