



**BACKFLOW PREVENTION ASSEMBLY
TEST RESULTS AFTER REPAIRS**

Name of Premise: _____

Street Address: _____

Line Pressure at time of test: _____ PSI

Recertification Test:

Repaired or Replaced BFP Assembly Info (BFP Tester – Please correct or add missing information)					
Assembly Status: <input type="checkbox"/> Repair <input type="checkbox"/> Replacement (if required, fill in appropriate date)					
Assembly Make	Assembly Model No.	Assembly Serial No	Assembly Size (in.)	Assembly Type	External BFP No
TEST RESULTS AFTER REPAIRS			Apparent Pressure Drop _____psid		
<input type="checkbox"/> RPBA	Relief Valve (≥ 2psi) Opening Point (B) _____psid	Check Valve #2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Static Pressure Drop Check Valve #1 (A) _____psid	Buffer (≥ 3 psid) A – B = Buffer _____psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
	Required minimum air gap separation provided for RP? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> DCVA	Check Valve #1 <input type="checkbox"/> Closed Tight _____psid <input type="checkbox"/> Leaked	Check Valve #2 <input type="checkbox"/> Closed Tight _____psid <input type="checkbox"/> Leaked	Assembly <input type="checkbox"/> Passed <input type="checkbox"/> Failed		
	<input type="checkbox"/> PVBA	Air Inlet Valve Opened at _____psid	<input type="checkbox"/> Opened Fully <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Check Valve Closed at _____psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
<input type="checkbox"/> AIR GAP	Minimum air gap separation achieved		<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	

Certified BFP Tester Info (BFP Tester – Please fill out this section and sign below)		
Tester's Name (Please Print)	Tester's BCWWA Certificate Number	Tester's Phone No.
Company Name		

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*

Tester's Signature

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
Parksville, BC V9P 2H3
Telephone: (250) 248-5412 Fax: (250) 248-6140**