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# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## EPCOR Water Services

Facility Name:

Service Address: Postal Code:

Owner / Customer:

Owner's Contact Name:

Owner's Address:

Postal Code: Telephone #

Email Address:

Initial Test ☐ Annual Test ☐ Repair Test ☐

Is this a replacement? Yes ☐ No ☐
(If YES please include information for existing AND replacement assembly.)

Remarks: (Reason for installation, test, repair, etc.)

Assembly Location:

☐ Premises-Isolating Assembly ☐ Zone Assembly ☐ Fixture Assembly

Protection Type: ☐ Domestic ☐ Fire ☐ Irrigation
☐ Other *(please specify)* _____

| BFP Assembly | New or Existing | Replacement |
|---|---|---|
| Type | | |
| Manufacturer | | |
| Model | | |
| Serial # | | |
| Size | | |
| Installation Date | | |
| Water Meter # | | |
| Plumbing Permit # | | |

## TEST

**REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)**

**STATIC INLET LINE PRESSURE AT TIME OF TEST** **Psi**

**A** Static Pressure Drop Across Check Valve No. 1 **A** _____ **Psi**

**B** Opening Point of Relief Valve - (Must be 2 Psi or greater) **- B** _____ **Psi**

**C** Buffer (must be 3 psi or greater) **A - B = C** **= C** **Psi**

| Check Valve No. 1 | Check Valve No. 2 | RP Relief Valve Test | PVB/SRPVB | Shut Off Valves | | | Air Gap |
|---|---|---|---|---|---|---|---|
| ☐ **Closed Tight** | ☐ **Closed Tight** | | ☐ Air Inlet Opened at _____ PSID | | #1 | #2 | |
| Pressure Drop Across Check Valve No. 1 | Pressure Drop Across Check Valve No. 2 | Opened at ____.____ PSID Must be 13.79 kPa ( 2 psi ) or greater | | Closed Tight | ☐ | ☐ | ☐ Annual Inspection |
| Held at . PSID (REQUIRED) | Held at . PSID (REQUIRED) | | | | | | |
| ☐ Leaked | ☐ Leaked | ☐ Failed to Open | ☐ Failed to Open | Leaked | ☐ | ☐ | ☐ Meets Definition of Approved Air Gap |

PASSED ☐ FAILED ☐

**If the device failed the initial test for any reason, complete the Retest sections below**

## REPAIRS

| | | | | | #1 | # 2 |
|---|---|---|---|---|---|---|
| ☐ CLEANED | ☐ CLEANED | ☐ CLEANED | ☐ CLEANED | CLEANED | ☐ | ☐ |
| ☐ REPLACED | ☐ REPLACED | ☐ REPLACED | ☐ REPLACED | REPA RED | ☐ | ☐ |
| ☐ Disc | ☐ Disc | ☐ Disc | ☐ Air Inlet Disc | REPLACED | ☐ | ☐ |
| ☐ Spring | ☐ Spring | ☐ Spring | ☐ Air Inlet Spring | | | |
| ☐ Guide | ☐ Guide | ☐ Guide | ☐ Check Disc | | | |
| ☐ Seat | ☐ Seat | ☐ Seat | ☐ Check Spring | | | |
| ☐ Hinge Pin | ☐ Hinge Pin | ☐ Hinge Pin | ☐ Float | | | |
| ☐ O-Ring(s) | ☐ O-Ring(s) | ☐ O-Ring(s) | ☐ Diaphragm | | | |
| ☐ Module | ☐ Module | ☐ Module | ☐ _____ | | | |
| ☐ _____ | ☐ _____ | ☐ Diaphragm ☐ _____ | | | | |

Remarks: (Reason for failure and additional actions taken to repair, etc.)

## RETEST

**REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)**

**STATIC INLET LINE PRESSURE AT TIME OF TEST** **Psi**

**A** Static Pressure Drop Across Check Valve No. 1 **A** _____ **Psi**

**B** Opening Point of Relief Valve - (must be 2 psi or greater) **- B** _____ **Psi**

**C** Buffer (must be 3 psi or greater) **A - B = C** **= C** **Psi**

| Check Valve No. 1 | Check Valve No. 2 | RP Relief Valve Test | PVB/SRPVB | Shut Off Valves | | | Air Gap |
|---|---|---|---|---|---|---|---|
| ☐ **Closed Tight** | ☐ **Closed Tight** | | ☐ Air Inlet Opened at _____ PS D | | #1 | #2 | |
| Pressure Drop Across Check Valve No. 1 | Pressure Drop Across Check Valve No. 2 | Opened at ____.____ PSID Must be 13.79 kPa ( 2 psi ) or greater | | Closed Tight | ☐ | ☐ | ☐ Annual Inspection |
| Held at ____.____PSID (REQUIRED) | Held at ____.____PSID (REQUIRED) | | | | | | |
| ☐ Leaked | ☐ Leaked | ☐ Failed to Open | ☐ Failed to Open | Leaked | ☐ | ☐ | ☐ Meets Definition of Approved Air Gap |

PASSED ☐ FAILED ☐

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

(Signature of Tester - I certify the above device has been tested in accordance with the Canadian AWWA Cross Connection Control Manual )

| Tester's Name | AWWA Certification # | Company Name | Test Gauge S/N | Date of Test | Tester's Phone # |
|---|---|---|---|---|---|
| | | | | | |

The information on this form is collected solely for the purpose of recording test details and results

**Distribution** **Copy 1** - EPCOR Water Services **Copy 2 -** Certified Tester/Company **Copy 3** - Retained on-site and available to EPCOR upon request