



Cross Connection Control
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BACKFLOW PREVENTION ASSEMBLY TEST REPORT

EPCOR Water Services

Facility Name:

Service Address:

Postal Code:

Owner / Customer:

Initial Test Annual Test Repair Test

Owner's Contact Name:

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

Owner's Address:

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

Postal Code:

Telephone #

Fax #

Assembly Location:

BFP Assembly New or Existing Replacement

Premises-Isolating Assembly Zone Assembly Fixture Assembly

Type

Protection Type: Domestic Fire Irrigation

Manufacturer

Other (please specify) _____

Model

T E S T	REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)			Serial #	
	STATIC INLET LINE PRESSURE AT TIME OF TEST Psi			Size	
	A	Static Pressure Drop Across Check Valve No. 1	A	Psi	Installation Date
	B	Opening Point of Relief Valve - (Must be 2 Psi or greater)	- B	Psi	Water Meter #
	C	Buffer (must be 3 psi or greater) A - B = C	= C	Psi	Plumbing Permit #
	Check Valve No. 1		Check Valve No. 2		RP Relief Valve Test
<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Air Inlet Opened at _____ PSID	
Pressure Drop Across Check Valve No. 1		Pressure Drop Across Check Valve No. 2		Must be 13.79 kPa (2 psi) or greater	
Held at _____ PSID (REQUIRED)		Held at _____ PSID (REQUIRED)		<input type="checkbox"/> Failed to Open	
<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked		<input type="checkbox"/> Failed to Open	
				PVB/SRPVB	
				Shut Off Valves	
				Air Gap	
				#1 #2	
				Closed Tight <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> Annual Inspection	
				Leaked <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> Meets Definition of Approved Air Gap	

PASSED

FAILED

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

R E P A I R S	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	#1	#2
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED		
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc		
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring		
<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Air Inlet Disc	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Air Inlet Spring	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Check Disc	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Check Spring	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Float	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>

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

R E T E S T	REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)			Remarks: (Reason for failure and additional actions taken to repair, etc.)	
	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
<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Air Inlet Opened at _____ PS D	
Pressure Drop Across Check Valve No. 1		Pressure Drop Across Check Valve No. 2		Must be 13.79 kPa (2 psi) or greater	
Held at _____ PSID (REQUIRED)		Held at _____ PSID (REQUIRED)		<input type="checkbox"/> Failed to Open	
<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked		<input type="checkbox"/> Failed to Open	
				PVB/SRPVB	
				Shut Off Valves	
				Air Gap	
				#1 #2	
				Closed Tight <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> Annual Inspection	
				Leaked <input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> 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