Making a difference...together

# New Installation Backflow Preventer Test Report

*(**Note**: A separate report is required for each **New** BFP assembly )*

| CRD Use Only | Facility ID No | | Install ID No | |
|---|---|---|---|---|

## Designated Facility Contact Person Info *(Please correct or add missing information)*

| Contact Person Name | Contact Person Title | Contact Person Organization | |
|---|---|---|---|
| Contact Person Mailing Address (*Unit no, Street no, Street Name, City, Prov. Postal Code)* | | | |
| Contact Person Email Address | Contact Phone No | Contact Fax No | Contact Cell No *(other)* |

## Facility Info *(Please correct or add missing information)*

| Facility Name (*Common name of building/structure of installed device )* | Facility Type (*See list on web site below)* | |
|---|---|---|
| Facility Unit no | Facility Address (*Street no, Street Name or Park Name)* | Permit No. |
| Facility Municipality | Name of Owner or Organization | Facility Hazard Level |

## BFP Info (*BFP Tester - Please correct or add missing information*)

| BFP Make | BFP Model No | BFP Serial No | BFP Size (in) | BFP Type | Install Date (dd-mmm-yyyy) |
|---|---|---|---|---|---|
| Location of BFP *(Describe exact location within the facility where the BFP is situated)* | | | | | BFP Orientation ( H or V ) |
| Process Hazard Type *(See list on website below)* | | | | | Line Pressure (psi) |

☑ Protection Type
☐ ***Premise Isolation*** ☐ ***In-Premise*** ☐ ***Dedicated Fire Line***

☑ BFP Hazard Level
☐ ***Moderate*** ☐ ***Severe***

## ☑ BFP Type — Initial BFP Test Results *(BFP Tester - Record test results BEFORE repairs have been made)*

| ☐ **RPBA** or ☐ **RPDA** | **Check Valve # 1**<br>RP pressure drop<br>(A) ____ . _____ psid<br>☐ Closed Tight<br>☐ Leaked | **Check Valve # 2**<br>☐ Closed Tight<br>☐ Leaked | **Relief Valve** *( ≥ 2 psid )*<br>Opened at<br>(B) _____ . _____ psid<br>☐ Passed<br>☐ Failed | **Buffer** *( ≥ 3 psid )*<br>**A - B = Buffer**<br>_____ . _____ psid<br>☐ Passed<br>☐ Failed | **Drain Air Gap Meets Code**<br>☐ Yes<br>☐ No |
|---|---|---|---|---|---|
| ☐ **AIR GAP** | Required minimum air gap separation provided? (Per BCBC 7.6.2.9) | | | ☐ YES | ☐ NO |
| ☐ **DCVA** or ☐ **DCDA** | **Check Valve # 1**<br>*( ≥ 1 psid)*<br>____ . _____ psid<br>☐ Closed Tight<br>☐ Leaked | **Check Valve # 2**<br>*( ≥ 1 psid)*<br>____ . _____ psid<br>☐ Closed Tight<br>☐ Leaked | **Sight Tube**<br>☐ Closed Tight<br>☐ Confirmation<br>☐ Leaked | | |
| ☐ **SVBA** or ☐ **PVBA** | **Air Inlet Valve**<br>Opened at<br>_____ . _____ psid | ☐ Opened Fully<br>☐ Passed<br>☐ Failed | **Check Valve**<br>Closed at<br>_____ . _____ psid | ☐ Passed<br>☐ Failed | |

## Certified BFP Tester Info (*BFP Tester - Please fill out this section and sign below*)

| Tester's Name (Please print) | | Tester's BCWWA Cert. No | Company Name | Tester's Phone No |
|---|---|---|---|---|
| Test Gauge Make | Test Gauge Model No | Test Gauge Serial No | Calibration Date (dd-mmm-yyyy) | Calibrated By |

**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) | Owner's or Representative Signature

**Mail or Fax COMPLETED report to**:
CRD Environmental Partnerships
Cross Connection Control
625 Fisgard Street, PO Box 1000, Victoria, BC V8W 2S6

Tel : 250-474-9506
Fax: 250-474-9672
Email: ccc@crd.bc.ca

**Copy to:** Municipality, Customer, Tester