The Corporation of the Village of Ashcroft

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Backflow Assembly Test Report

Date:_____/_____/_____
mm dd yyyy

Name of Premise: _____ Service Address: _____

Location of Assembly: _____ Services: ☐ Premise / ☐ Area/Zone / Fixture:_____

Identification: _____ / _____ /_____ / _____ / _____
Type Manufacturer Model Serial Number Size

Inspection of Approved Air Gap: Inches: _____ ☐ **Pass** ☐ **Fail** **Dual Check Installed** ☐ **Yes (Provide SN# above)**

Reduced Pressure Backflow Assembly Apparent Pressure Drop_____ PSID **Line Pressure Test: _____ PSIG**

Initial Test

Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (circle)
_____ PSID	☐	_____ PSID	_____ PSID	**Pass** **Fail**

Double Check Valve Assembly ☐ **Pressure Vacuum Breaker /** ☐ **Spill Resistant**

Initial Test

Check Valve #1 Closed Tight ☐	Check Valve #2 Closed Tight ☐	Assembly (circle)
_____ PSID	_____ PSID	**Pass** **Fail**

Air Inlet Valve Opening Point O/F ☐	Check Valve Pressure Drop	Assembly (circle)
_____ PSID	_____ PSID	**Pass** **Fail**

Double Check Valve Assembly ☐ **Pressure Vacuum Breaker /** ☐ **Spill Resistant**

Test After Repair

Check Valve #1 Closed Tight ☐	Check Valve #2 Closed Tight ☐	Assembly (circle)
_____ PSID	_____ PSID	**Pass** **Fail**

Air Inlet Valve Opening Point O/F ☐	Check Valve Pressure Drop	Assembly (circle)
_____ PSID	_____ PSID	**Pass** **Fail**

Reduced Pressure Backflow Assembly Apparent Pressure Drop _____ PSID

Test After Repair

Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (circle)
_____ PSID	☐	_____ PSID	_____ PSID	**Pass** **Fail**

Backflow Preventer Information

- ☐ New Install
- ☐ Annual Test
- ☐ Removed

Serial # _____

- ☐ Replaced

Serial # _____

- ☐ Unprotected Bypass
- ☐ Bypass w/ Parallel BFP's

Tester Information

Name: _____

Cert #: _____

Phone #: _____

Gauge Calibration: ____/___/____
M D Y

Business Name: _____

I certify that I have tested the above assembly in conformance with the procedures outlined in the AWWA Canadian Cross Connection Control Manual

Testers Signature: _____ Owner / Rep. Signature: _____ ☐ **Shutoff valves returned to original position.**

Note:_____

Causes for Operation Failure

Check relevant boxes and explanation in the remarks section.

Remarks **(please PRINT clearly)**

- ☐ Foreign matter introduced during construction
- ☐ Sand or grit inherent to the supply system
- ☐ Debris introduced fouling or damaging seats
- ☐ Air entrapment
- ☐ Tuberculation or rust
- ☐ Abnormal rubber disc wear or cuts
- ☐ Loss of interior coating
- ☐ Disc retainer fractured or worn
- ☐ Springs weak or broken
- ☐ O-rings pinched or cut
- ☐ Retainer nut
- ☐ Improper machining or casting
- ☐ Guide mechanism damaged
- ☐ Plugged or damaged sensing line
- ☐ Other

Installation or Other Irregularities

Remarks **(please PRINT clearly)**

- ☐ Improper assembly installed for degree of hazard
- ☐ Shutoff valve(s) will not close positively
- ☐ Test cocks missing from assembly
- ☐ Improper (unapproved) installation
- ☐ Vertical installation
- ☐ Assembly replaced
- ☐ Assembly no longer required
- ☐ Could not test (explain below)
- ☐ Other