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

Backflow Preventer Information

- ☐ New Install
- ☐ Annual Test
- ☐ Removed

Serial # _____

- ☐ Replaced

Serial # _____

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

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

Initial Test	Check Valve #1 Closed Tight ☐ _____ PSID	Check Valve #2 Closed Tight ☐ _____ PSID	Assembly (circle) **Pass** **Fail**	Air Inlet Valve Opening Point O/F ☐ _____ PSID	Check Valve Pressure Drop _____ PSID	Assembly (circle) **Pass** **Fail**

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

Test After Repair	Check Valve #1 Closed Tight ☐ _____ PSID	Check Valve #2 Closed Tight ☐ _____ PSID	Assembly (circle) **Pass** **Fail**	Air Inlet Valve Opening Point O/F ☐ _____ PSID	Check Valve Pressure Drop _____ PSID	Assembly (circle) **Pass** **Fail**

Tester Information

Name:
_____

Cert #: _____

Phone #: _____

Gauge Calibration: ____/___/____
                              M   D   Y

Business Name:
_____

Reduced Pressure Backflow Assembly Apparent Pressure Drop _____ PSID

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

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