



TSAWWASSEN FIRST NATION  
s̓c̓awwəθən məsteyəx™

### BACKFLOW DEVICE TEST REPORT

Owner of Assembly: \_\_\_\_\_

Street Address: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Type of Equipment or Fixture Protected

Assembly: \_\_\_\_\_  
Manufacturer (Make) Model Serial No. Size

Existing Replacement New Permit # \_\_\_\_\_

Type of assembly: RPBA. DCVA. PVBA. DIFF. DUP. AG.

Line Pressure at Time of Test: \_\_\_\_\_psi. Testing Equipment: DIFF. DUP. ST.

|                   | REDUCED PRESSURE ASSEMBLIES  |   |   |                    | PRESSURE VACUUM BREAKFER |                         |
|-------------------|--|---|---|--------------------|--------------------------|-------------------------|
|                   | DOUBLE CHECK ASSEMBLIES  |   | Relief Valve (B)                        | Buffer (A-B=C) (C) | AIR INLET                | CHECK VALVE             |
|                   | 1 <sup>st</sup> Check (A)  | 2 <sup>nd</sup> Check (B)                   |   |                    | Opened at _____psid      | Pressure Drop _____psid |
| Initial Test      | DC-closed tight<br>RP-Actual Press.<br>Drop _____psid<br>Confirmation Test<br>Leaked | Closed Tight<br>(-)<br><br>Yes No<br>Leaked | Opened at _____psid<br>Passed<br>Failed | _____psid          | Did not open             | Leaked                  |
| Test After Repair | DC-Closed tight<br>Confirmation Test<br>RP-Actual Press.<br>Drop _____psid           | Closed tight<br>Yes                         | Opened at _____psid                     |                    | Opened at _____psid      | Opened at _____psid     |

Air Gas Inspection: Required minimum air gap separation provided: Yes No

Initial Test Date: \_\_\_\_\_ Testing Company: \_\_\_\_\_

Repair Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Final Test Date: \_\_\_\_\_ Name of Tester: \_\_\_\_\_

I certify that I have tested the above device and that it meets the performance requirements outlined in the AWWA (Pacific Northwest Section) Cross Connection Control Standards and CAN/CSA-B64.10.

\_\_\_\_\_  
Signature of Tester

\_\_\_\_\_  
Certification Number