DISTRICT OF MISSION ON THE FRASER

INSPECTION SERVICES DEPARTMENT

Existing □
New □

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Owner Of Assembly: _____
Street Address: _____
Location of Assembly: _____
What Assembly Serves: _____
Assembly: _____
Manufacturer (make) Model Serial # Size

Type of Assembly: RPBA □ DCVA □ PVBA □ RPDA □ DCDA □ AG □
Line Pressure at Time of Test: _____p.s.i. Testing Equipment: DIFF □ DUP □ ST □
Pressure Drop Across Check Valve No. 1 _____p.s.i.

Initial Test Date: _____ Company Name: _____
Repair Date: _____ Cert. # of Tester: _____
Final Test Date: _____ Name of Tester: _____

	CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE	
INITIAL TEST	1. Leaked 2. Closed tight…..	□ □	1. Leaked 2. Closed tight…..	□ □	1. Opened at _____ lbs. reduced pressure. 2. Did not open	□ □
REPAIRS	Cleaned…… Replaced…….. Disc…….. Spring…….. Guide…….. Pin Retainer…… Hinge Pin…… Seat…….. Diaphragm…….. Other, Describe…….	□ □ □ □ □ □ □ □ □	Cleaned…… Replaced…….. Disc…….. Spring…….. Guide…….. Pin Retainer…… Hinge Pin…… Seat…….. Diaphragm…….. Other, Describe…….	□ □ □ □ □ □ □ □ □	Cleaned…… Replaced…….. Disc…….. Spring…….. Guide…….. Pin Retainer…… Hinge Pin…… Seat…….. Diaphragm…….. Other, Describe…….	□ □ □ □ □ □ □ □ □
FINAL TEST	Closed Tight……	□	Closed Tight……	□	Opened at _____lbs. reduced pressure	□

Initial Test Date: _____ Company Name: _____
Repair Date: _____ Cert. # of Tester: _____
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.

_____ _____
Signature of Tester Date

P.O. Box 20, 8645 Stave Lake Street, Mission, B.C. V2V 4L9
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