CAPITAL REGIONAL DISTRICT
Water Services

Annual Backflow Prevention Assembly Test Report

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

CRD Use Only	Date Received	Facility Account No	Customer ID No	Facility ID No	Install ID No	Test ID

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 Assembly Info (*BFP Tester – Please correct or add missing information*)

Assembly Make	Assembly Model No	Assembly Serial No	Size *(in.)*	Type	External BFP No
Location of Assembly *(Describe exact location within the facility where the assembly is situated)*					Device Orientation (H or V)
Process Hazard Type (*See list on website below)*					Line Pressure (psi)
Protection Type (1.*Premises Isolation, 2.In-Premises, 3.Dedicated Fire Line, 4. Please Specify)*					BFP Assembly Hazard Level

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

☑ BFP Type				
☐ **RPBA** or ➔ ☐ **RPDA**	**Check Valve # 1** RP pressure drop (A) ____ . ____ psid ☐ Closed Tight ☐ Leaked	**Check Valve # 2** ☐ Closed Tight ☐ Leaked	**Relief Valve** *(≥ 2 psid)* Opened at (B) ____ . ____ psid ☐ Passed ☐ Failed	**Buffer** *(≥ 3 psid)* **A – B = Buffer** ____ . ____ psid ☐ Passed ☐ Failed
Air Gap ➔	Required minimum air gap separation provided for RP? ☐ **YES** ☐ **NO**			
☐ **DCVA** or ➔ ☐ **DCDA**	**Check Valve # 1** ☐ Closed Tight ____ . ____ psid ☐ Leaked	**Check Valve # 2** ☐ Closed Tight ____ . ____ psid ☐ Leaked	**Sight Tube** ☐ Closed Tight ☐ Confirmation ☐ Leaked	
☐ **PVBA** ➔	**Air Inlet Valve** Opened at ____ . ____ psid	☐ Opened Fully ☐ Passed ☐ Failed	**Check Valve** Closed at ____ . ____ psid	☐ Passed ☐ 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-mon-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-mon-yyyy) | **Owner's or Representative Signature**

Mail or Fax COMPLETED report to: Cross Connection Control Section, CRD Water Services – Water Quality Division, 479 Island Highway, Victoria, BC V9B 1H7
Tel : 474-9503 Fax: 474-9672
Email ccc@crd.bc.ca
Website **http://www.crd.bc.ca/water/crossconnection**

Revised May 24, 2006