

Backflow Prevention Assembly Test Report

Building Department: 604-990-2480, building@dnv.org

New <input type="checkbox"/>		Replacement <input type="checkbox"/>			Existing <input type="checkbox"/>				
Name of Premise									
Street Address									
Location of Assembly									
Assembly		Manufacturer (Make)		Model		Serial No.		Size	
Type of Assembly		RPB <input type="checkbox"/>	DVC <input type="checkbox"/>	PVB <input type="checkbox"/>	RPDA <input type="checkbox"/>	DCVA <input type="checkbox"/>	PVB <input type="checkbox"/>	AG <input type="checkbox"/>	
Line Pressure at Time of Test:		_____ Psi			Testing Equip:		DIFF. <input type="checkbox"/>	DUP. <input type="checkbox"/>	S.T <input type="checkbox"/>
		Reduced pressure assemblies				Pressure vacuum breaker			
		Double check assemblies		Relief	Buffer	Air Inlet		Check Valve	
		1 st Check (A)	2 nd Check	Valve (B)	(A-B=C) (C)	Opened at _____ psid		Pressure Drop _____ psid	
Initial Test	DC-closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at _____ psid	_____ psid	Did not open <input type="checkbox"/>		Leaked <input type="checkbox"/>	
	RP-actual pres. drop _____ psid		(-)	Passed <input type="checkbox"/>					
	Confirmation Test-Yes <input type="checkbox"/>		No <input type="checkbox"/>	Failed <input type="checkbox"/>					
	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>						
Test After Repair	DC-closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at _____ psid	_____ psid	Opened at _____ psid		Pressure Drop _____ psid	
	Confirmation Test-Yes <input type="checkbox"/>								
	RP-actual pres. drop _____ psid								
Air Gap Inspection									
Required minimum air gap separation provided:					Yes <input type="checkbox"/>			No <input type="checkbox"/>	
Initial Test Performed By					Certification No.		Date		
Business Name									
Business Address					City		Postal Code		
Email					Phone		Cell		
<i>I certify that I have tested the above assembly and that it meets the performance requirements outlines in the District of North Vancouver Standards.</i>									
Tester's Name									
Tester's Signature		<input type="checkbox"/> I understand that checking this box constitutes a legal signature							

CHECK CAUSES FOR BACKFLOW PREVENTOR FAILING INITIAL TEST