Backflow Prevention Assembly Test Report

Building Department: 604-990-2480, building@dnv.org, fax: 604-984-9683

New ☐		Replacement ☐		Existing ☐

Name of Premise	
Street Address	
Location of Assembly	

Assembly				
	Manufacturer (Make)	Model	Serial No.	Size

Type of Assembly	RPB ☐	DVC ☐	PVB ☐	RPDA ☐	DCVA ☐	PVB ☐	AG ☐
Line Pressure at Time of Test:	_____Psi			Testing Equip:	DIFF. ☐	DUP. ☐	S.T ☐

	Reduced pressure assemblies				Pressure vacuum breaker	
	Double check assemblies		**Relief**	**Buffer**	**Air Inlet**	**Check Valve**
	1st Check (A)	2nd Check	Valve (B)	(A-B=C) (C)	Opened at ____.___ psid	Pressure Drop ____.___ psid
Initial Test	DC-closed tight ☐	Closed tight ☐	Opened at ____.___psid	____.____psid	Did not open	Leaked
	RP-actual pres. drop _____._____ psid	(-)	Passed ☐			
	Confirmation Test-Yes ☐	No ☐	Failed ☐			
	Leaked ☐	Leaked ☐				
Test After Repair	DC-closed tight	Closed tight ☐ (-)	Opened at ____.___psid	____.____psid	Opened at _____._____psid	Pressure Drop ____.____psid
	Confirmation Test-Yes ☐					
	RP-actual _____.____ pres. drop psid					

Air Gap Inspection

Required minimum air gap separation provided:		Yes ☐	No ☐
Initial Test Performed By		Certification No.	Date
Business Name			

Business Address		City	Postal Code
Email		Phone	Cell

I certify that I have tested the above assembly and that it meets the performance requirements outlines in the District of North Vancouver Standards.

Tester's Name	
Tester's Signature	I understand that checking this box constitutes a legal signature

CHECK CAUSES FOR BACKFLOW PREVENTOR FAILING INITIAL TEST