



BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Test Date (YMD): _____

Planning and Development Department | Building Division
Cross Connection Control 4949 Canada Way, Burnaby BC V5G 1M2
Telephone: 604-294-7542 | Email: crossconnectioncontrol@burnaby.ca

The Test Report must be completed in its entirety. If any fields are incomplete the Test Report will not be processed and will be failed.

NAME OF PROPERTY		COMMERCIAL	RESIDENTIAL
BUILDING STREET ADDRESS			
CONTACT PERSON		TEL	EMAIL
LOCATION OF ASSEMBLY (PLEASE BE SPECIFIC)			
TYPE OF EQUIPMENT OR FIXTURE PROTECTED			
ASSEMBLY - MANUFACTURER (MAKE)	MODEL	SERIAL NO.	SIZE
LINE PRESSURE AT TIME OF TEST _____ p.s.i.			

TYPE OF ASSEMBLY

RPBA	DCVA	PVB	RPDA	DCDA	AG	Testing Equip: DIFF	DUP	ST
Reduced Pressure Assemblies					Pressure Vacuum Breaker			
Double Check Assemblies					Air Intake		Check Valve	
First Check (A)		2nd Check	Relief Valve (B)	Buffer (a-b=c) (C)	Opened at _____ psid		Pressure Drop _____ psid	
Initial test	DC closed tight RP actual pres drop _____ psid		Close tight _____ psid	Opened at _____ psid	_____ psid		Did not open	
	Confirmation test Yes Leaked		No Leaked	Passed Failed				
Test after repair	DC closed tight RP actual pres drop _____ psid		Closed tight _____ psid	Opened at _____ psid	_____ psid		Opened at _____ psid	
	Confirmation test Yes						Pressure Drop _____ psid	
Air Gap Inspection: Required minimum air gap separation provided Yes No								

NEW INSTALLATION OR DECOMMISSIONED ASSEMBLY Permit No. _____ Name on Issued Permit: _____
By checking the box for New Installation or decommissioned assembly, the personnel performing the work must meet article 1.2.3.1. (1) Of the B.C. Plumbing Code, Book II: Plumbing Systems.

Existing	Replacement	Serial number of OLD Assembly: _____	
TEST PERFORMED BY		TRADE QUALIFICATION OR SCHOOL ACCREDITATION AND/OR CERTIFICATION NO.	
BUSINESS NAME			
BUSINESS ADDRESS			
BUSINESS EMAIL		BUSINESS PHONE	
OWNER / OCCUPANT PHONE		OWNER/OCCUPANT EMAIL	

I hereby certify that the Canadian tradesman qualification certification as a Plumber or accredited apprenticeship program and/or tester certification is in effect and valid and that all other information contained in this backflow prevention assembly test report is accurate. I further confirm that I certify that I have tested the above assembly that is either a new installation, or an existing or replacement assembly and that it meets the performance requirements outlined in the City of Burnaby Plumbing Bylaw, City of Burnaby Building Bylaw and Canadian Standards Association – CAN/CSA B64.10

Testers Signature (Required)

Owners representative - Please print name and sign

TEST REPORT MUST BE SUBMITTED NO LATER THAN 10 DAYS FOLLOWING TESTING

ADDITIONAL COMMENTS