CRD
Making a difference...together

Backflow Preventer Test Report

CRD Use Only	Facility ID No		Install ID No	

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

BFP Make	BFP Model No	BFP Serial No	BFP Size (in)	BFP Type	Install Date (dd-mmm-yyyy)

Location of BFP (*Describe exact location within the facility where the BFP is situated*)	BFP 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 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	**Drain Air Gap Meets Code** Yes No
AIR GAP	Required minimum air gap separation provided? (Per BCBC 7.6.2.9)			YES NO	
DCVA or DCDA	**Check Valve # 1** *(≥ 1 psid)* _____ . _____ psid Closed Tight Leaked	**Check Valve # 2** *(≥ 1 psid)* _____ . _____ psid Closed Tight Leaked	**Sight Tube** Closed Tight Confirmation Leaked		
SVBA or 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-mmm-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-mmm-yyyy)	Owner's or Representative Signature