

- ANNUAL TEST
- NEW
- REPLACEMENT - Serial Number of OLD Assembly \_\_\_\_\_



**City of Port Alberni**  
**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**  
 CITY WORKS YARD, 4150 6<sup>TH</sup> Avenue, Port Alberni BC V9Y 4M9  
 Ph: (250)720-2840 Fax: (250) 723-1022

Name of Premise: \_\_\_\_\_

Street Address: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Assembly: \_\_\_\_\_  
 Manufacturer (make) \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Size \_\_\_\_\_

**Type of Assembly:** RPBA.  DCVA.  PVB.  RPDA.  DCDA.  AG.

Line Pressure at Time of Test: \_\_\_\_\_ psi.

Testing Equip.: DIFF. <input type="checkbox"/> DUP. <input type="checkbox"/> S.T. <input type="checkbox"/>
Make/Model: _____ Serial No.: _____
Calibration Date: _____

	Reduced Pressure Assemblies				Pressure Vacuum Breaker	
	Double Check Assemblies		Relief Valve – B -	Buffer (A-B=C) – C -	Air Intake	Check Valve
	First Check – A –	2 <sup>nd</sup> Check			Opened at	Pressure Drop
	_____ psid	_____ psid	_____ psid	_____ psid	_____ psid	_____ psid
<b>INITIAL TEST</b>	DC closed tight <input type="checkbox"/> RP actual pres drop _____ psid Confirmation test Yes <input type="checkbox"/> Leaked <input type="checkbox"/> Fail <input type="checkbox"/>	Closed tight <input type="checkbox"/> _____ psid Confirmation test Yes <input type="checkbox"/> Leaked <input type="checkbox"/> Fail <input type="checkbox"/>	Opened at _____ psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	_____ psid	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
<b>TEST AFTER REPAIR</b>	DC closed tight <input type="checkbox"/> RP actual pres drop _____ psid Confirmation test Yes <input type="checkbox"/>	Closed tight <input type="checkbox"/> _____ psid Pass <input type="checkbox"/>	Opened at _____ psid	_____ psid	Opened at _____ psid	Pressure Drop _____ psid
Air Gap inspection: Required minimum air gap separation provided Yes <input type="checkbox"/> No <input type="checkbox"/>						

Initial Test Performed By: \_\_\_\_\_ Cert. No.: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Y M D

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

***I certify that I have tested the above assembly and that it meets the performance requirements outlined in the City of Port Alberni Waterworks Bylaw.***

Deficiencies:	Date Deficiency Completed:

\_\_\_\_\_  
 Tester's Signature

\_\_\_\_\_  
 Owner's Representative Signature

**Please send copy to City of Port Alberni City Works Dept. c/o Amar Giri, Water Chargehand – [amar\\_giri@portalberni.ca](mailto:amar_giri@portalberni.ca)**