

Cross Connection Control - Backflow Assembly Test Report

Date: _____
 dd mm yyyy

Name of Premise: _____ Service Address: _____
 Location of Assembly: _____ Services: Premise / Area/Zone / Fixture: _____
 Identification: _____ / _____ / _____ / _____ / _____
 Type Manufacturer Model Serial Number Size

Inspection of Approved Air Gap: Inches: _____ Pass Fail **Dual Check Installed** Yes (Provide SN# above)

Reduced Pressure Backflow Assembly Apparent Pressure Drop _____ PSID **Line Pressure Test:** _____ PSIG

Initial Test	Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (check)
	_____ PSID	<input type="checkbox"/>	_____ PSID	_____ PSID	Pass Fail

Backflow Preventer Information

New Install
 Annual Test
 Removed
 Serial # _____
 Replaced
 Serial # _____
 Unprotected Bypass
 Bypass w/ Parallel BFP's

Double Check Valve Assembly Pressure Vacuum Breaker / Spill Resistant

Initial Test	Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (check)	Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (check)
	_____ PSID	_____ PSID	Pass Fail	O/F <input type="checkbox"/>	_____ PSID	Pass Fail

Double Check Valve Assembly Pressure Vacuum Breaker / Spill Resistant

Test After Repair	Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (check)	Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (check)
	_____ PSID	_____ PSID	Pass Fail	O/F <input type="checkbox"/>	_____ PSID	Pass Fail

Reduced Pressure Backflow Assembly Apparent Pressure Drop _____ PSID

Test After Repair	Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (check)
	_____ PSID	<input type="checkbox"/>	_____ PSID	_____ PSID	Pass Fail

Tester Information

Name: _____
 Cert #: _____
 Phone #: _____
 Gauge Calibration: _____
 D M Y
 Business Name: _____

By submission of this form to the City of Salmon Arm the tester certifies that he/she has tested the above assembly in conformance with the procedures outlined in the AWWA Canadian Cross Connection Control Manual. Any test Fails are to be reported to the owner / representative.

Owner / Rep. Name: _____ Owner / Rep informed of Fails: Shutoff valves returned to original position.

Notes: _____

Causes for Operation Failure

Check relevant boxes and explanation in the remarks section.

Remarks

- | | |
|-----|--|
| 1. | Foreign matter introduced during construction |
| 2. | Sand Foreign matter introduced during construction |
| 3. | Sand or grit inherent to the supply system |
| 4. | Debris introduced fouling or damaging seats |
| 5. | Air entrapment |
| 6. | Tuberculation or rust |
| 7. | Abnormal rubber disc wear or cuts |
| 8. | Loss of interior coating |
| 9. | Disc retainer fractured or worn |
| 10. | Springs weak or broken |
| 11. | O-rings pinched or cut |
| 12. | Retainer nut |
| 13. | Improper machining or casting |
| 14. | Guide mechanism damaged |
| 15. | Plugged or damaged sensing line |
| 16. | Other |

- | | |
|-----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |
| 6. | _____ |
| 7. | _____ |
| 8. | _____ |
| 9. | _____ |
| 10. | _____ |
| 11. | _____ |
| 12. | _____ |
| 13. | _____ |
| 14. | _____ |
| 15. | _____ |
| 16. | _____ |
| | _____ |

Installation or Other Irregularities

Remarks

- | | |
|----|---|
| 1. | <input type="checkbox"/> Improper assembly installed for degree of hazard |
| 2. | <input type="checkbox"/> Shutoff valve(s) will not close positively |
| 3. | <input type="checkbox"/> Test cocks missing from assembly |
| 4. | <input type="checkbox"/> Improper (unapproved) installation |
| 5. | <input type="checkbox"/> Vertical installation |
| 6. | <input type="checkbox"/> Assembly replaced |
| 7. | <input type="checkbox"/> Assembly no longer required |
| 8. | <input type="checkbox"/> Could not test (explain below) |
| 9. | <input type="checkbox"/> Other |

- | | |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |
| 6. | _____ |
| 7. | _____ |
| 8. | _____ |
| 9. | _____ |