



New Installation Backflow Preventer Test Report

Making a difference...together

(Note: A separate report is required for each **New** BFP assembly)

| | | | | | |
|--|--|--|---|---|--|
| 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) |
| <input checked="" type="checkbox"/> Protection Type <input type="checkbox"/> Premise Isolation <input type="checkbox"/> In-Premise <input type="checkbox"/> Dedicated Fire Line | | | | <input checked="" type="checkbox"/> BFP Hazard Level <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | |
| <input checked="" type="checkbox"/> BFP Type Initial BFP Test Results (BFP Tester Record test results <u>BEFORE</u> repairs have been made) | | | | | |
| <input type="checkbox"/> RPBA or <input type="checkbox"/> RPDA | Check Valve # 1 RP pressure drop (A) ____ . ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Check Valve # 2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Relief Valve (≥ 2 psid) Opened at (B) ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed | Buffer (≥ 3 psid) A - B = Buffer ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed | Drain Air Gap Meets Code <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> AIR GAP | Required minimum air gap separation provided? (Per BCBC 7.6.2.9) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| <input type="checkbox"/> DCVA or <input type="checkbox"/> DCDA | Check Valve # 1 (≥ 1 psid) ____ . ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Check Valve # 2 (≥ 1 psid) ____ . ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Sight Tube <input type="checkbox"/> Closed Tight <input type="checkbox"/> Confirmation <input type="checkbox"/> Leaked | | |
| <input type="checkbox"/> SVBA or <input type="checkbox"/> PVBA | Air Inlet Valve Opened at ____ . ____ psid | <input type="checkbox"/> Opened Fully <input type="checkbox"/> Passed <input type="checkbox"/> Failed | Check Valve Closed at ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> 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 | |
| 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

Mail or email COMPLETED form to: CRD Cross Connection Control
PO Box 1000, 625 Fisgard Street
Victoria, BC V8W 2S6

Email: ccc@crd.bc.ca
Tel: 250.474.9506
Website: www.crd.ca/crossconnection

Copy to: Municipality
Customer
Tester