



Making a difference...together

Backflow Preventer Test Report

CRD Use Only		Facility ID No <input type="text"/>		Install ID No <input type="text"/>	
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 <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 S treet
Victoria, BC V8W 2S6

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

Copy to: Municipality
Customer
Tester

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