



The University of British Columbia

Energy and Water Services

Return completed form to: Erin Kastner  
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[erin.kastner@ubc.ca](mailto:erin.kastner@ubc.ca) or fax: 604-822-8833

Protection Type:

Premises Isolation  In-Premises Protection

Dedicated Fire Line  Irrigation

Regulatory

Date: \_\_\_\_\_  
Year Month Day

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## Tester Information (please print)

Tester's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Cert #: \_\_\_\_\_

DEVICE #: \_\_\_\_\_ SERVICE TYPE: \_\_\_\_\_

NAME OF PREMISE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ Post Code: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

This test form must be submitted within 30 days

LOCATION OF ASSEMBLY: \_\_\_\_\_

Line Pressure: \_\_\_\_\_ PSI

MAKE OF ASSEMBLY: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_ SIZE: \_\_\_\_\_

AIR GAP: Required minimum air gap separation provided? Yes  No  (If "No" complete the remarks section on second page)

Type of Assembly:

RPBA  RPDA  New

DCVA  DCDA  Existing

PVBA  SVBA  Replacement

Serial # of assembly removed: \_\_\_\_\_

**Reduced Pressure Backflow Assembly** Apparent Pressure Drop \_\_\_\_\_ PSID

|              |                           |                                       |                      |            |                            |
|--------------|---------------------------|---------------------------------------|----------------------|------------|----------------------------|
| Initial Test | Differential Relief Valve | Check Valve #2                        | Static Pressure Drop | Buffer     | Assembly                   |
|              | Opening Point             | Closed Tight <input type="checkbox"/> | Check Valve #1       |            | (circle)                   |
|              | _____ PSID                | _____ PSID                            | _____ PSID           | _____ PSID | <b>PASS</b><br><b>FAIL</b> |

|              |                                       |                                       |                            |   |               |                            |
|--------------|---------------------------------------|---------------------------------------|----------------------------|---|---------------|----------------------------|
| Initial Test | <b>Double Check Valve Assembly</b>    |                                       |                            | <b>Pressure Vacuum Breaker Assembly</b> |               |                            |
|              | Check Valve #1                        | Check Valve #2                        | Assembly                   | Air Inlet Valve                         | Check Valve   | Assembly                   |
|              | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | (circle)                   | Opening Point                           | Pressure Drop | (circle)                   |
|              | _____ PSID                            | _____ PSID                            | <b>PASS</b><br><b>FAIL</b> | _____ PSID                              | _____ PSID    | <b>PASS</b><br><b>FAIL</b> |

**S.R. Pressure Vacuum Breaker Assembly**

|                 |               |                            |
|-----------------|---------------|----------------------------|
| Air Inlet Valve | Check Valve   | Assembly                   |
| Opening Point   | Pressure Drop | (circle)                   |
| _____ PSID      | _____ PSID    | <b>PASS</b><br><b>FAIL</b> |

|                   |                                       |                                       |                            |   |               |                            |
|-------------------|---------------------------------------|---------------------------------------|----------------------------|---|---------------|----------------------------|
| Test After Repair | <b>Double Check Valve Assembly</b>    |                                       |                            | <b>Pressure Vacuum Breaker Assembly</b> |               |                            |
|                   | Check Valve #1                        | Check Valve #2                        | Assembly                   | Air Inlet Valve                         | Check Valve   | Assembly                   |
|                   | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | (circle)                   | Opening Point                           | Pressure Drop | (circle)                   |
|                   | _____ PSID                            | _____ PSID                            | <b>PASS</b><br><b>FAIL</b> | _____ PSID                              | _____ PSID    | <b>PASS</b><br><b>FAIL</b> |

**S.R. Pressure Vacuum Breaker Assembly**

|                 |               |                            |
|-----------------|---------------|----------------------------|
| Air Inlet Valve | Check Valve   | Assembly                   |
| Opening Point   | Pressure Drop | (circle)                   |
| _____ PSID      | _____ PSID    | <b>PASS</b><br><b>FAIL</b> |

**Reduced Pressure Backflow Assembly** Apparent Pressure Drop \_\_\_\_\_ PSID

|                           |                                       |                      |            |                            |
|---------------------------|---------------------------------------|----------------------|------------|----------------------------|
| Differential Relief Valve | Check Valve #2                        | Static Pressure Drop | Buffer     | Assembly                   |
| Opening Point             | Closed Tight <input type="checkbox"/> | Check Valve #1       |            | (circle)                   |
| _____ PSID                | _____ PSID                            | _____ PSID           | _____ PSID | <b>PASS</b><br><b>FAIL</b> |

**Test Equipment Used:**

Diff. Gauge Model: \_\_\_\_\_

Diff. Gauge Serial #: \_\_\_\_\_

Calibrated by: \_\_\_\_\_

Calibration date: \_\_\_\_\_

I certify that I have tested the above assembly and that it meets the performance requirements outlined by the CSA Standard B64.10.1-07.

Tester's signature: \_\_\_\_\_

Owner/Rep. signature: \_\_\_\_\_

Shutoff valves returned to the open position

