



**THE CORPORATION OF THE CITY OF NORTH VANCOUVER**

DEPARTMENT OF ENGINEERING, PARKS AND ENVIRONMENT

61 Bewicke Avenue  
 North Vancouver, B.C. V7M 3B6  
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**BACKFLOW ASSEMBLY TEST INSPECTION REPORT**

Existing Model, Make, Serial #       Replacing Model, Make, Serial # \_\_\_\_\_       New

|                               |  |                               |  |
|-------------------------------|--|-------------------------------|--|
| <b>Name of Premise:</b> _____ |  | <b>Premise Address:</b> _____ |  |
| Owner Name: _____             |  | Address: _____                |  |
| Owner Phone No.: _____        |  | (If different)                |  |

|   |  |   |  |                                  |   |   |
|---|--|---|--|----------------------------------|---|---|
| Location of Assembly: _____   |  |   |  |                                  |   |   |
| Assembly: _____   |  |   |  |                                  |   |   |
| Manufacture (make)  |  | Model   |  | Serial No.                       |   |   |
| Size  |  |   |  |                                  |   |   |
| Type of Assembly: RPBA <input type="checkbox"/> DCVA <input type="checkbox"/> PVBA <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA <input type="checkbox"/> AG <input type="checkbox"/> |  |   |  |                                  |   |   |
| Line Pressure at time of Test: _____ psi.      Testing Equip.: DIFF <input type="checkbox"/> DUP <input type="checkbox"/> S.T. <input type="checkbox"/>   |  |   |  |                                  |   |   |
|   | <b>REDUCED PRESSURE ASSEMBLIES</b>       |   |  | <b>PRESSURE VACUUM BREAKER</b>   |   |   |
|   | DOUBLE CHECK ASSEMBLIES                  |   | Relief Valve (B)<br>Opened at _____ psid         | Buffer (A-B=C) (C)<br>_____ psid | AIR INLET<br>Opened at _____ psid                               | CHECK VALVE<br>Pressure Drop _____ psid |
| 1st Check (A)   | 2nd Check                                | DC-Closed Tight <input type="checkbox"/>                                      |  |                                  | Closed Tight <input type="checkbox"/>                           | Did not Open <input type="checkbox"/>   |
| <i>Initial Test</i>   | RP-actual pres. Drop _____ psid          | Confirmation Test<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Leaked <input type="checkbox"/>                  | Leaked <input type="checkbox"/>  | Passed <input type="checkbox"/> Failed <input type="checkbox"/> |   |
| <i>Test After Repair</i>  | DC-Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/>   | Confirmation Test - Yes <input type="checkbox"/> | RP-actual pres. Drop _____ psid  | Opened at _____ psid  | Pressure Drop _____ psid                |
| Freeze protection and /or drainage?   |  |   |  | Yes <input type="checkbox"/>     | No <input type="checkbox"/>                                     |   |
| Air Gap Inspection: Required minimum air gap separation provided:   |  |   |  | Yes <input type="checkbox"/>     | No <input type="checkbox"/>                                     |   |

|   |                  |                                     |
|---|------------------|-------------------------------------|
| Test Performed by: _____  | Cert. No.: _____ | Date: ____/____/____<br>Y    M    D |
| Name of Company: _____  |                  |                                     |
| Company Address: _____  |                  | Postal Code: _____                  |
| Telephone No.: _____  |                  |                                     |
| I certify that I have tested the above assembly and that it meets the performance requirements outlined in the City of North Vancouver's Water Utility Bylaw, Schedule G. |                  |                                     |
|   |                  | _____<br>Tester's Signature         |

## CHECK CAUSES FOR BACKFLOW PREVENTOR FAILING INTIAL TEST

|                         |  | No. 1<br>CHECK<br>VALVE | No. 2<br>CHECK<br>VALVE | RELIEF<br>VALVE |
|-------------------------|--|-------------------------|-------------------------|-----------------|
| 1                       | ISOLATING GATE VALVE(S) PASSING WATER  |                         |                         | N/A             |
| 2                       | FOREIGN MATTER INTRODUCED DURING CONSTRUCTION                                    |                         |                         |                 |
| 3                       | SAND OR GRIT INHERENT TO THE SUPPLY SYSTEM                                       |                         |                         |                 |
| 4                       | COPPER FILINGS, SOLDER, OR PIPE DOPE   |                         |                         |                 |
| 5                       | NUTS, BOLTS, WASHERS, ETC. (NOT FROM ASSEMBLY)                                   |                         |                         |                 |
| 6                       | PAPER, CARDBOARD, OR SAWDUST   |                         |                         |                 |
| 7                       | IMPROPER ASSEMBLY INSTALLED  |                         |                         |                 |
| 8                       | KINKING OF EXTERNAL SENSING LINE   | N/A                     | N/A                     |                 |
| 9                       | AIR ENTRAPMENT   |                         |                         |                 |
| 10                      | TUBERCULATION OR RUST  |                         |                         |                 |
| 11                      | FROZEN ASSEMBLY  |                         |                         |                 |
| 12                      | ABNORMAL RUBBER DISC WEAR OR CUTS  |                         |                         |                 |
| 13                      | SPRING(S)  |                         |                         |                 |
| 14                      | O-RING(S)  |                         |                         |                 |
| 15                      | LOSS OF INTERIOR COATING   |                         |                         |                 |
| 16                      | DISC RETAINER (FRACTURED OR WORN)  |                         |                         |                 |
| 17                      | RETAINER NUT   |                         |                         |                 |
| 18                      | IMPROPER CASTING OR MACHINING OF ASSEMBLY  |                         |                         |                 |
| 19                      | GUIDE MECHANISM  |                         |                         |                 |
| 20                      | OBSTRUCTED SENSING LINE  | N/A                     | N/A                     |                 |
| 21                      | DIAPHRAGM FAILURE  | N/A                     | N/A                     |                 |
| 22                      | REPLACE RUBBER PARTS   |                         |                         |                 |
| 23                      | TEST COCK(S) MISSING FROM ASSEMBLY   |                         |                         | N/A             |
| 24                      | IMPROPER (UNAPPROVED) INSTALLATION   |                         |                         |                 |
| 25                      | ASSEMBLY NO LONGER REQUIRED  |                         |                         |                 |
| 26                      | ASSEMBLY REPLACED  |                         |                         |                 |
| 27                      | COULDN'T TEST -- EXPLAIN BELOW   |                         |                         |                 |
| 28                      | VERTICAL INSTALLATION - YES <input type="checkbox"/> NO <input type="checkbox"/> | N/A                     | N/A                     | N/A             |
| <b>OTHER: (SPECIFY)</b> |  |                         |                         |                 |
|                         |  |                         |                         |                 |
|                         |  |                         |                         |                 |
| <b>REMARKS:</b>         |  |                         |                         |                 |
|                         |  |                         |                         |                 |
|                         |  |                         |                         |                 |
|                         |  |                         |                         |                 |
|                         |  |                         |                         |                 |