



# BACKFLOW ASSEMBLY TEST REPORT

<input type="checkbox"/>	NEW INSTALL
<input type="checkbox"/>	EXISTING INSTALL
<input type="checkbox"/>	REPLACEMENT OLD ASSY. SERIAL NUMBER

Return Legible and Satisfactory Reports to: TOWN OF THE BLUE MOUNTAINS  
 PO BOX 310, 32 MILL STREET, THORNBURY, ON, N0H 2P0 TEL.:519-599-3131 EXT.286 FAX: 519-599-7723

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE	REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS <input type="checkbox"/> INSPECTED BY BUILDING OFFICIAL <input type="checkbox"/> INSPECTED BY WATER PURVEYOR ADMINISTRATIVE AUTHORITY <b>Town of The Blue Mountains By-law 2013-31</b> FILE NUMBER  METER NUMBER
OWNER/CONTROLLER NAME				
OWNER/CONTROLLER MAILING ADDRESS				
CONTACT NAME		CONTACT PHONE		
FACILITY NAME				
SERVICE ADDRESS				
LOCATION OF ASSEMBLY				
DOWNSTREAM PROCESS			AREA SERVED <input type="checkbox"/> Domestic Water Service <input type="checkbox"/> Irrigation Service <input type="checkbox"/> Fire Service <input type="checkbox"/> Other _____	

INITIAL TEST RESULTS		TEST AFTER REPAIRS OR CLEANING	
<b>RPBA</b>	LINE PRESSURE AT TIME OF TEST _____ PSIG	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID	
	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID	RELIEF VALVE OPENED _____ PSID	
	RELIEF VALVE OPENED AT _____ PSID	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	
	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	
	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	
PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		APPROVED AG? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DCVA</b>	LINE PRESSURE AT TIME OF TEST _____ PSIG	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID	
	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID	<input type="checkbox"/> LEAKED	
	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID	
	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	
	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PVB</b>	LINE PRESSURE AT TIME OF TEST _____ PSIG	AIR INLET:    OPENED AT _____ PSID	
	AIR INLET:    OPENED AT _____ PSID	<input type="checkbox"/> FAILED TO OPEN	
	<input type="checkbox"/> FAILED TO OPEN	CHECK VALVE:    HELD TIGHT AT _____ PSID	
	CHECK VALVE:    HELD TIGHT AT _____ PSID	<input type="checkbox"/> LEAKED	
	<input type="checkbox"/> LEAKED	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	
PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>AG</b>	APPROVED AIR GAP SEPARATION PROVIDED? <input type="checkbox"/> YES (Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim) <input type="checkbox"/> NO	<b>PLEASE RECORD REPAIR OR CLEANING INFORMATION IN REMARKS SECTION BELOW</b>	
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PROPER INSTALLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WATER SERVICE RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO	RECORD DETECTOR METER READING - WHEN APPLICABLE
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**REMARKS:**

INITIAL TEST BY (PRINTED NAME):	CERT NO.	DATE
REPAIRED BY (PRINTED NAME):		DATE
FINAL TEST BY (PRINTED NAME):	CERT NO.	DATE
TEST KIT MAKE	MODEL	SN#
TESTER'S SIGNATURE:		CAL. DATE
(I CERTIFY THAT I USED AWWA APPROVED TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIPMENT)	TESTER'S COMPANY NAME	TESTER'S PHONE

FAILED, INCOMPLETE AND ILLEGIBLE TEST REPORTS WILL NOT BE ACCEPTED – PLEASE CHECK YOUR TESTERS REPORTS