Coquitlam

City of Coquitlam
Backflow Prevention Assembly Test Report
Cross Connection Control

Building Permits Division
3000 Guildford Way, Coquitlam BC V3B 7N2
Phone: 604-927-3441 Email: PlumbingPermits@coquitlam.ca

Applicant

Name of Property: _____ Commercial ☐ Residential ☐

Street Address: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Location of Assembly: _____

Type of Equipment or Fixture Protected: _____

Assembly: _____ _____ _____ _____
Manufacturer (Make) Model Serial No. Size

New Installation: ☐ **Permit No.:** _____ Existing ☐ Replacement ☐

Serial Number of replaced assembly: _____ Line pressure at time of test: _____ P.S.I.

Type of Assembly: RPBA ☐ DCVA ☐ PVB ☐ RPDA ☐ DCDA ☐ AG ☐

Testing Equip: DIFF ☐ DUP ☐ ST ☐

	Reduced Pressure Assemblies				Pressure Vacuum Breaker	
	Double Check Assemblies				Air Intake	Check Valve
	First Check (A)	2nd Check	Relief Valve (B)	Buffer (a-b=c)	Opened at _____ psid	Pressure Drop _____ psid
Initial Test	DC closed tight ☐ RP actual pres drop _____ psid Confirmation test Yes ☐ Leaked ☐	Closed tight ☐ _____ psid No ☐ Leaked ☐	Opened at _____ psid Passed ☐ Failed ☐	_____ psid	Did not open ☐	Leaked ☐
Test After Repair	DC closed tight ☐ RP actual pres drop _____ psid Confirmation test Yes ☐ Leaked ☐	Closed tight ☐ _____ psid	Opened at _____ psid	_____ psid	Opened at _____ psid	Pressure Drop _____ psid
	Air Gap Inspection: Required minimum air gap separation provided Yes ☐ No ☐					

Initial Test Performed by: _____ Cert. No.: _____ Date (YMD): _____

Business Name: _____

Business Address: _____ Business Phone: _____

I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY AND THAT IT MEETS THE PERFORMANCE REQUIREMENTS OUTLINED IN THE CITY OF COQUITLAM PLUMBING BYLAW.

_____ _____
Tester's Signature Owner's Representative – *Please print name and sign*

Check Causes for Backflow Preventor Failing Initial Test

TEST REPORT MUST BE SUMBITTED **NO LATER THAN 10 DAYS** FOLLOWING TESTING

	Description	No. 1 Check Valve	No. 2 Check Valve	Relief Valve
1	Isolating Gate Valve(s) Passing Water			
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	N/A	N/A	
8	Kinking of External Sensing Line			
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	Retain 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 ☐ No ☐	N/A	N/A	N/A
29	Other (specify)			

Remarks:

The personal information collected on this form is collected in accordance with the *Freedom of Information and protection of Privacy Act*. The City has authority to collect your information for the purposes of administering the Building Permitting System in accordance with Division 9 of the *Community Charter*. Should you have any questions or concerns about the collection of your personal information, please call the Front Counter Supervisor at 604-927-3441. (NOTE: Business contact information is not considered personal information and will be released on request.)