LLOYDMINSTER

Address: 6623 52 St. Lloydminster, AB, T9V 3T8
Ph: 780 874 3700
Please submit report within 5 days to: ccc@lloydminster.ca

Backflow Assembly Test Report

Date: ____/____/____ (mm / dd / yyyy)

Name of Premise: _____ Service Address: _____

Location of Assembly: _____ Services: ☐ Premise / List type of Fixture: _____

Identification: _____ (Type) / _____ (Manufacturer) / _____ (Model) / _____ (Serial Number) / _____ (Size)

Inspection of Approved Air Gap: ☐ **Pass** ☐ **Fail** **Dual Check Valve** (Non-Testable) Confirmed installation ☐ **Yes**

Initial Test

Reduced Pressure Backflow Assembly Apparent Pressure Drop _____ PSID **Line Pressure Test: _____ PSIG**

Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (circle)
_____ PSID	☐	_____ PSID	_____ PSID	**Pass** **Fail**

Double Check Valve Assembly ☐ **Pressure Vacuum Breaker /** ☐ **Spill Resistant**

Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (circle)
☐ _____ PSID	☐ _____ PSID	**Pass** **Fail**

Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (circle)
O/F ☐ _____ PSID	_____ PSID	**Pass** **Fail**

Test After Repair

Double Check Valve Assembly ☐ **Pressure Vacuum Breaker /** ☐ **Spill Resistant**

Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (circle)
☐ _____ PSID	☐ _____ PSID	**Pass** **Fail**

Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (circle)
O/F ☐ _____ PSID	_____ PSID	**Pass** **Fail**

Test After Repair

Reduced Pressure Backflow Assembly Apparent Pressure Drop _____ PSID

Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (circle)
_____ PSID	☐	_____ PSID	_____ PSID	**Pass** **Fail**

Backflow Preventer Information

☐ New Install
☐ Annual Test
☐ Removed
Serial # _____
☐ Replaced
Serial # _____
☐ Inspected for Bypass

Tester Information

Name: _____

Cert #: _____

Phone #: _____

Gauge Calibration: ____/____/____ (mm / dd / yy)

Business Name: _____

I certify the above assembly meets the conformance requirements stipulated in the CSA B64.10.1 "Maintenance & field testing of backflow preventers"

Testers Signature: _____ Owner / Rep. Signature: _____ ☐ **Shutoff valves returned to original position.**

Note: _____