



Name of Occupier: \_\_\_\_\_

Address of Premise: \_\_\_\_\_

Management Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Tel.: \_\_\_\_\_ Permit # (if applicable): \_\_\_\_\_

Location of Assembly: \_\_\_\_\_ Existing: \_\_\_\_\_ New: \_\_\_\_\_

Assembly: \_\_\_\_\_
Manufacturer Model Size Serial No.

Initial Test Date: \_\_\_\_\_ Line pressure at time of test: \_\_\_\_\_ lbs.

Pressure drop across first check valve: \_\_\_\_\_ lbs. Buffer: \_\_\_\_\_ lbs.

Table with 3 main columns: RPBA, DCVA, and PVBA. Each column contains sub-sections for valve types (Differential Pressure Relief Valve, Check Valve No. 1/2, AIR INLET, CHECK VALVE) and their operational status (Opened, Leaked, Closed tight) and maintenance records (Cleaned, Replaced).

Test:  Passed  Failed (no sticker required)  Replacement (replaces serial no.: \_\_\_\_\_)

Remarks: \_\_\_\_\_

Final Test Date: \_\_\_\_\_

Test Kit Model #: \_\_\_\_\_ Kit Serial #: \_\_\_\_\_ Date Calibrated: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Testing Company: \_\_\_\_\_ Tel.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Certified Tester: \_\_\_\_\_ Certification No.: \_\_\_\_\_



I certify that I have tested the above assembly and that it meets the performance requirements outlined in the current BC Building Code and the Canadian Standards Association – CAN/CSA B64.10.

Signature of Tester: \_\_\_\_\_

\* Fee increases effective January 1st annually. Check website for more info: www.richmond.ca/plandev/building/plumbgas.htm
\* Faxed/emailed reports NOT accepted, except for new installations (with permits) where no sticker is required.

# ATTENTION:

## Cross Connection Control Testers

### CCC Tester Gauge Calibration Report Policy

**It is the responsibility of the water purveyor** to ensure that the testing of backflow prevention devices is being conducted with properly calibrated backflow test gauges. BCWWA will continue to advise CCC testers that gauges require annual calibration in order to remain effective.

As the water purveyor, the City of Richmond must request that Backflow Assembly Test Reports include mechanical test kit calibration information to be completed by a licensed tester and **submit a copy of the calibration report annually** to the City of Richmond, Plumbing/Gas Inspection Section by one of the following methods:

Email: [llukacs@richmond.ca](mailto:llukacs@richmond.ca)

Fax: 604-276-4063

Mail: 6911 No. 3 Rd, Richmond, BC V6Y 2C1