



Name of Occupier: _____

Address of Premise: _____

Management Co.: _____ Permit # (if applicable): _____

Contact: _____ Tel.: _____ Existing: _____ New: _____

Location of Assembly/Serving: _____

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.

RPBA	DCVA		PVBA	
Differential Pressure Relief Valve <input type="checkbox"/> Opened at _____ lbs Reduced pressure <input type="checkbox"/> Did not open	Check Valve No. 1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	Check Valve No. 2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	AIR INLET Opened at: _____ psid <input type="checkbox"/> Did not open <input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Brief description:	CHECK VALVE Held at: _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Brief description:
<input type="checkbox"/> Cleaned: Replaced: <input type="checkbox"/> Disc, upper <input type="checkbox"/> Disc, lower <input type="checkbox"/> Spring Diaphragm, large <input type="checkbox"/> Upper <input type="checkbox"/> Lower Diaphragm, small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, lower <input type="checkbox"/> Other, describe	<input type="checkbox"/> Cleaned: Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin retainer <input type="checkbox"/> Hinge pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, describe	<input type="checkbox"/> Cleaned: Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin retainer <input type="checkbox"/> Hinge pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, describe		
Opened at _____ lbs Reduced pressure	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	Opened at: _____ psid	Held at: _____ psid

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

Remarks: _____

Final Test Date: _____

Test Kit Model #: _____ Kit Serial #: _____ Calibration Expiry Date: _____

Testing Company: _____

E-Mail Address: _____ Tel.: _____

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

Phone: 604-276-4043

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

Fee Paid Sticker

The **annual renewal fee** for **2021** is **\$25.25** (no tax).

Affix the City issued decal to the backflow assembly test report and mail to the **Plumbing/Gas Inspection Section**. Or, mail the test report along with a cheque and a copy will be returned to you along with payment receipt.