



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Test Date (YMD): Feb 15 / 24

Planning and Development Department | Building Division
Cross Connection Control 4949 Canada Way, Burnaby BC V5G 1M2
Telephone: 604-294-7542 | Email: crossconnectioncontrol@burnaby.ca

The Test Report must be completed in its entirety. If any fields are incomplete the Test Report will not be processed and will be failed.

NAME OF PROPERTY <u>Horizon Towers</u>		COMMERCIAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/>	
BUILDING STREET ADDRESS <u>5050 Sanders</u>			
CONTACT PERSON <u>Shawn</u>		TEL <u>604 336 5445</u>	EMAIL <u>horizontowers@realst.ca</u>
LOCATION OF ASSEMBLY (PLEASE BE SPECIFIC) <u>5050 Sanders st P2 storage room</u>			
TYPE OF EQUIPMENT OR FIXTURE PROTECTED <u>Remise</u>			
ASSEMBLY - MANUFACTURER (MAKE) <u>Conbraco</u>	MODEL <u>4DC</u>	SERIAL NO. <u>NAB52</u>	SIZE <u>4</u>
LINE PRESSURE AT TIME OF TEST _____ p.s.i.			

TYPE OF ASSEMBLY

RPBA <input type="checkbox"/> DCVA <input checked="" type="checkbox"/> PVB <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA <input type="checkbox"/> AG <input type="checkbox"/> Testing Equip: DIFF <input type="checkbox"/> DUP <input type="checkbox"/> ST <input type="checkbox"/>					
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) (C)	Opened at _____psid	Pressure Drop _____psid
Initial test DC closed tight <input type="checkbox"/> RP actual pres drop _____psid Confirmation test Yes <input type="checkbox"/> Leaked <input checked="" type="checkbox"/>	Close tight <input type="checkbox"/> _____psid No <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	_____psid	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Test after repair DC closed tight <input type="checkbox"/> RP actual pres drop _____psid Confirmation test Yes <input type="checkbox"/>	Closed tight _____psid	Opened at _____psid	_____psid	Opened at _____psid	Pressure Drop _____psid
Air Gap Inspection: Required minimum air gap separation provided Yes <input type="checkbox"/> No <input type="checkbox"/>					

NEW INSTALLATION OR DECOMMISSIONED ASSEMBLY Permit No. _____ Name on Issued Permit: _____
By checking the box for New Installation or decommissioned assembly, the personnel performing the work must meet article 1.2.3.1. (1) Of the B.C. Plumbing Code, Book II: Plumbing Systems.

Existing Replacement Serial number of OLD Assembly: _____

TEST PERFORMED BY <u>Austin Blum</u>	TRADE QUALIFICATION OR SCHOOL ACCREDITATION AND/OR CERTIFICATION NO. <u>18636</u>
BUSINESS NAME <u>Milani Plumbing</u>	
BUSINESS ADDRESS <u>5526 Kingsway Ave</u>	
BUSINESS EMAIL <u>commercialservices@milani.ca</u>	BUSINESS PHONE <u>604-430-2603</u>
OWNER / OCCUPANT PHONE <u>604-430 2603</u>	OWNEROCCUPANT EMAIL

I hereby certify that the Canadian tradesman qualification certification as a Plumber or accredited apprenticeship program and/or tester certification is in effect and valid and that all other information contained in this backflow prevention assembly test report is accurate. I further confirm that I certify that I have tested the above assembly that is either a new installation, or an existing or replacement assembly and that it meets the performance requirements outlined in the City of Burnaby Plumbing Bylaw, City of Burnaby Building Bylaw and Canadian Standards Association – CAN/CSA B64.10

Testers Signature (Required)

Owners representative - Please print name and sign

TEST REPORT MUST BE SUBMITTED NO LATER THAN 10 DAYS FOLLOWING TESTING

ADDITIONAL COMMENTS

could not perform test as the gate valves would not hold. Backflow also leaking.