



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Test Date (YMD): 24/03/11

WSP/BL
100 5438



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 type="checkbox"/>	RESIDENTIAL <input checked="" type="checkbox"/>
BUILDING STREET ADDRESS <u>4960 SANDERS STREET</u>			
CONTACT PERSON <u>SHAWN</u>	TEL <u>(604) 336-5445</u>	EMAIL	
LOCATION OF ASSEMBLY (PLEASE BE SPECIFIC) <u>P2 Pump Room in Storage Room B.</u>			
TYPE OF EQUIPMENT OR FIXTURE PROTECTED <u>FIRE HOSE</u>			
ASSEMBLY - MANUFACTURER (MAKE) <u>WATTS</u>	MODEL <u>774</u>	SERIAL NO. <u>1077531204</u>	SIZE <u>6"</u>
LINE PRESSURE AT TIME OF TEST <u>60</u> p.s.i.			

TYPE OF ASSEMBLY

RPBA DCVA PVB RPDA DGDA 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) (C)	Opened at _____ psid	Pressure Drop _____ psid
Initial test	DC closed tight <input checked="" type="checkbox"/> <u>2-6</u> RP actual pres drop _____ psid Confirmation test Yes <input type="checkbox"/> Leaked <input type="checkbox"/>	Close tight <input type="checkbox"/> _____ psid No <input type="checkbox"/> Leaked <input checked="" type="checkbox"/>	Opened at _____ psid Passed <input type="checkbox"/> Failed <input type="checkbox"/>	_____ psid	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	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 No

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>LEOPOR G. SARMEN</u>	TRADE QUALIFICATION OR SCHOOL ACCREDITATION AND/OR CERTIFICATION NO. <u>7990</u>
BUSINESS NAME <u>FIRE PRO FIRE PROTECTION</u>	
BUSINESS ADDRESS <u>15-3871 NORTH FRASER WAY, BURNABY</u>	
BUSINESS EMAIL	BUSINESS PHONE <u>(604) 299-1030</u>
OWNER / OCCUPANT PHONE	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



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ADDITIONAL COMMENTS

- CHECK VALVE 2 FAILED. RECOMMEND REPLACEMENT.