



City of Vancouver Backflow Assembly Test Report

144230

Business Name: The Parlour Test Date: 5 5 16
Address of Assembly: 1011 Hamilton ST Strata #: _____
Business Owner or Contact Name: _____ Phone Number: _____
Assembly: Existing ☒ New ☐ Replacement ☐ → Serial # of Removed Assembly: _____
Manufacturer: Watts Model: 009QT Size: 1/2 Serial #: 459588
Type: RPBA ☒ RPDA ☐ DCVA ☐ DCDA ☐ PVBA ☐ SRVBA ☐ AG ☐
Location of Assembly (Be Specific): By Dishwasher Premises Isolation ☐
If on Fixture, Please Specify: ☐ Boiler Feed ☐ Fire Sprinkler ☐ Irrigation ☐ Medical Equipment ☐ Pool
Or Other Fixture Type (Be Specific): Refrigeration Line Pressure at Time of Test: 75 PSI

Air Gap Test: Is Minimum Gap Provided and Unobstructed: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Reduced Pressure Backflow Assembly				
Initial Test	Static Pressure Drop (A):	Relief Valve Opened at (B):	Closed Tight	Buffer (C) (A-B=C)
	<u>7.0</u> PSID	<u>2.3</u> PSID	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>4.7</u> PSID Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
Test After Repair	_____ PSID	_____ PSID	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____ PSID Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Is Minimum Air Gap Requirement Provided on the RPBA Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Double Check Valve Assembly				
Initial Test	1st Check	2nd Check	SR or P Vacuum Breaker Assembly	
	Closed Tight? <input type="checkbox"/> _____ PSID Leaked <input type="checkbox"/>	Closed Tight? <input type="checkbox"/> _____ PSID Leaked <input type="checkbox"/>	Air Inlet Opened at: _____ PSID Did Not Open <input type="checkbox"/>	Check Valve Held at: _____ PSID Did Not Open <input type="checkbox"/>
Test After Repair	_____ PSID	_____ PSID Closed Tight? <input type="checkbox"/>	Opened at: _____ PSID	Held at: _____ PSID

General Comments or Reason for Failure: _____
Test Performed by: _____
Tester Company Name: _____
Tester Company Address: _____

"I certify that I have tested the above assembly and that the test meets the performance requirements as outlined in the City of Vancouver Waterworks Standard 419":

Tester's Signature: _____

Note to Testers: Incomplete or illegible test reports will be returned and the test invalidated!

Return Completed Backflow Assembly Test Reports (Top White Copy) **Within 30 Days of Test to:**

Waterworks Design Branch
320 - 507 West Broadway Vancouver, BC V5Z 0B4
Telephone: In Vancouver 3-1-1 Outside of Vancouver 604-873-7000

White Copy - Waterworks
Pink Copy - Customer
Buff Copy - Tester