



# City of Vancouver Backflow Assembly Test Report

144240

Business Name: The Palliser Test Date: 5 9 16  
MM DD YYYY

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: 009101 Size: 3/4 Serial #: 342492

Type: RPBA ☐ RPDA ☐ DCVA ☐ DCDA ☐ PVBA ☐ SRVBA ☐ AG ☐

Location of Assembly (Be Specific): Sanitors Closet Premises Isolation ☐

If on Fixture, Please Specify: ☐ Boiler Feed ☐ Fire Sprinkler ☐ Irrigation ☐ Medical Equipment ☐ Pool

Or Other Fixture Type (Be Specific): Glass Washer Line Pressure at Time of Test: 65 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>8.6</u> PSID	<u>2.4</u> PSID	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>6.2</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		
	Closed Tight? <input type="checkbox"/> ____ PSID Leaked <input type="checkbox"/>	Closed Tight? <input type="checkbox"/> ____ PSID Leaked <input type="checkbox"/>		
Test After Repair	____ PSID	____ PSID Closed Tight? <input type="checkbox"/>		
SR or P Vacuum Breaker Assembly				
Air Inlet Opened at:		Check Valve Held at:		
____ PSID Did Not Open <input type="checkbox"/>		____ PSID Did Not Open <input type="checkbox"/>		
Opened at:		Held at:		
____ PSID		____ PSID		

General Comments or Reason for Failure: Good To Go Backflow

Test Performed by: Good To Go Backflow Certification #: 109-5488

Tester Company Name: 109-5488 108 St Langley B.C. V3A 1G2 Phone Number: 778-231-0750

Tester Company Address: goodtogobackflow@gmail.com

"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: [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  
Blue Copy - Tester