

Please submit Test Reports directly to MTS Inc. **Email:** reception@mtsinc.ca **Phone:** 250-503-0893
 Alternatively, you can submit Test Reports through the online FAST Program.

Regional District of Okanagan-Similkameen
 101 Martin St, Penticton, BC V2A 5J9
 RDOS Utilities: 250-490-4135



Backflow Assembly Test Report

Date: ____/____/____
mm dd yyyy

Name of Premise: _____ Service Address: _____
 Location of Assembly: _____ Services: Premise / List type of Fixture: _____
 Identification: _____ / _____ / _____ / _____ / _____
Type Manufacturer Model Serial Number Size

Inspection of Approved Air Gap: Pass Fail

Dual Check Valve (Non-Testable) Confirmed installation Yes

Reduced Pressure Backflow Assembly

Apparent Pressure Drop _____ PSID

Line Pressure Test: _____ PSIG

Initial Test

Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (circle) Pass Fail
_____ PSID	<input type="checkbox"/>	_____ PSID	_____ PSID	

Backflow Preventer Information

- New Install
- Annual Test
- Removed
- Serial # _____
- Replaced
- Serial # _____
- Inspected for Bypass

Double Check Valve Assembly

Pressure Vacuum Breaker / Spill Resistant

Initial Test

Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (circle) Pass Fail	Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (circle) Pass Fail
_____ PSID	_____ PSID		O/F <input type="checkbox"/>	_____ PSID	_____ PSID

Double Check Valve Assembly

Pressure Vacuum Breaker / Spill Resistant

Test After Repair

Check Valve #1 Closed Tight	Check Valve #2 Closed Tight	Assembly (circle) Pass Fail	Air Inlet Valve Opening Point	Check Valve Pressure Drop	Assembly (circle) Pass Fail
_____ PSID	_____ PSID		O/F <input type="checkbox"/>	_____ PSID	_____ PSID

Tester Information

Name: _____
 Cert #: _____
 Phone #: _____
 Gauge Calibration: ____/____/____
mm dd yy
 Business Name: _____

Reduced Pressure Backflow Assembly

Apparent Pressure Drop _____ PSID

Test After Repair

Differential Relief Valve Opening Point	Check Valve # 2 Closed Tight	Static Pressure Drop Check Valve #1	Buffer	Assembly (circle) Pass Fail
_____ PSID	<input type="checkbox"/>	_____ PSID	_____ PSID	

I certify the above assembly meets the conformance requirements stipulated in the CSA B64.10.1 "Maintenance & field testing of backflow preventers"

Testers Signature: _____ Owner / Rep. Signature: _____ Shutoff valves returned to original position.

Note: _____