



Cross Connection Control/Backflow Device Test Form

Used for Testing: Annual Existing/New/Repair/Removal/Re-location

Business Name: _____
 Address of Device: _____
 Mailing Address: _____
 Contact Name: _____ Contact Number: _____
 Contact Email: _____

Size: _____ Manufacturer: _____ Model: _____
 Type: _____ Serial no: _____ Hazard: _____

Device Location: _____

Existing New Repair Removal Reason: _____
 Premise Fire Irrigation Other: _____

RP/ RPBA Initial Test

Test after repair

(C.) Check #1	(B.) Check #2	(A.) Relief Valve	(D.) Buffer	(C.) Check #1	(B.) Check #2	(A.) Relief Valve	(D.) Buffer
<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Opened	Air Gap Yes No	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Opened	Air Gap Yes No
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open		<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	

DCVA Initial Test

Test after repair

(A.) Check #1	(B.) Check #2	(A.) Check #1	(B.) Check #2
<input type="checkbox"/> Closed <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed <input type="checkbox"/> Leaked

Initial Test Date (YY/MM/DD): _____ Repair Test Date (YY/MM/DD): _____
 Tester Name: _____
 Tester Certification Number: _____ Test Kit/Gage Serial Number: _____
 Company Name: _____ Company number: _____

Line Pressure: _____ Water service restored? Yes No

PASS FAIL I certify that to the best of my knowledge the information I have entered onto this form is complete and accurate. I further certify that I have tested the above device in accord with BCWWA, CSA B64.10 and local testing procedures as well as provincial/local standards.

Testers Signature: _____ Date (YY/MM/DD): _____

Please submit to BSI via www.bsionlinetracking.ca within 48 hrs. There is a fee to submit the test report with BSI.
 BSI Customer Service: 1-604-492-0163 backflow@bsionline.ca BSI Mailing address: PO Box 51234, Cameron PO, Burnaby BC, V3J 0C9
 (Note: Letters **A-E** for RP/ RPBA and **A-B** for DCVA, indicate the order in which to enter the test values and order of the test steps.)