

Backflow Prevention Device Registration

100 Newport Drive, Port Moody, BC, V3H 5C3, Canada
 Tel 604.469.4618 • Fax 604.469.4533 • www.portmoody.ca

Property Information

Property Name (common name of building/structure of installed device)		Type (Industrial, Commercial, Residential)
Property Address		
City	Name of Owner or Organization	

Property Contact Information

Name:	Title:	Organization:
Mailing Address (if different than above)		
Email	Phone No.	Cell No.

Backflow Prevention (BFP) Device Information

Protection Type	<input type="checkbox"/> Premise Isolation	<input type="checkbox"/> In-Premise	<input type="checkbox"/> Existing Device	<input type="checkbox"/> NEW Installation
Assembly Make	Assembly Model No.	Assembly Serial No.	External BFP No.	
Size (inches)	Type	Device Orientation (H or V)	Line Pressure (psi)	
Location of Assembly (describe exact location within the facility where the assembly is situated)				
Property Hazard Level	Process Hazard Type	BFP Assembly Hazard Level		

Submit completed forms to: City of Port Moody Engineering Division, 100 Newport Drive, Port Moody, BC V3H 5C3
 Email: backflowprevention@portmoody.ca

Backflow Prevention Device Test Results (if available at time of registration)

*Test report fees are not applicable if test results are submitted at the time of device registration.
 (BFP tester – please fill out this section and sign below)

Backflow Prevention Device Type:

<input type="checkbox"/> RPBA or <input type="checkbox"/> RPDA	Check Valve #1 RP pressure drop (A) _____.____ psid <input type="checkbox"/> closed tight <input type="checkbox"/> leaked	Check Valve 2 <input type="checkbox"/> closed tight <input type="checkbox"/> leaked	Relief Valve (≥ 2 psid) Opened at (B) _____.____ psid <input type="checkbox"/> passed <input type="checkbox"/> failed	Buffer (≥ 3 psid) A – B = Buffer _____.____ psid <input type="checkbox"/> passed <input type="checkbox"/> failed
Air gap	Required minimum air gap separation provided for RP?		<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> DCVA or <input type="checkbox"/> DCDA	Check Valve 1 <input type="checkbox"/> closed tight <input type="checkbox"/> leaked _____.____ psid	Check Valve 2 <input type="checkbox"/> closed tight <input type="checkbox"/> leaked _____.____ psid	Sight Tube <input type="checkbox"/> Closed tight <input type="checkbox"/> Confirmation <input type="checkbox"/> Leaked	
<input type="checkbox"/> PVBA	Air Inlet Valve Opened at _____.____ psid	<input type="checkbox"/> Opened fully <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Check Valve Closed at _____.____ psid	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Certified Backflow Tester Info:

Tester's Name		Tester's BCWWA Cert. No.	Company Name	Tester's Phone No.
Test Gauge Make	Test Gauge Model No.	Test Gauge Serial No.	Calibration Date (dd-mm-yyyy)	Calibrated by

Tester's Certification: I certify that I have tested the above assembly and that it meets the performance requirements outlined in the current edition of Canadian Standards Association – CAN/CSA B64.10-01/B.64.10.1-01 and/or PNWS AWWA Cross Connection Control Manual (sixth edition or most current).

Tester's Signature:	Date test Complete (dd-mm-yyyy)	Owner or Representative Signature:
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