



# City of Langley

## Backflow Prevention Assembly Test Report

(Note: A separate report is required for each **EXISTING** BFP assembly)



### Designated Facility Contact Person Info (Please correct or add missing information)

Contact Person Name	Contact Person Title	Contact Person Organization	
Contact Person Mailing Address (Unit no, Street no, Street Name, City, Prov. Postal Code)			
Contact Person Email Address	Contact Phone No	Contact Fax No	Contact Cell No (other)

### Facility Info (Please correct or add missing information)

Facility Name (Name of building/structure in which device or assembly is installed)		Facility Type (See CSA B64-10.01)
Facility Unit no	Facility Address (Street no, Street Name or Park Name,)	Permit No.
Facility Municipality	Name of Owner or Organization	Facility Hazard Level

### BFP Assembly Info (BFP Tester – Please correct or add missing information)

Assembly Make	Assembly Model No	Assembly Serial No	Size (in.)	Type	External BFP No
Location of Assembly (Describe exact location within the facility where the assembly is situated)					Type- Horizontal or Vertical
Process Hazard Type (See CSA B64-10.01)					Line Pressure (psi)
Protection Type (1.Premises Isolation, 2.In-Premises, 3.Dedicated Fire Line, 4. Please Specify)					BFP Assembly Hazard Level

### BFP Type Initial BFP Test Results (BFP Tester - Record test results BEFORE repairs have been made)

<input type="checkbox"/> RPBA or → <input type="checkbox"/> RPDA	<b>Check Valve # 1</b> RP pressure drop (A) ____ . ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<b>Check Valve # 2</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<b>Relief Valve (≥ 2 psid)</b> Opened at (B) ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<b>Buffer (≥ 3 psid)</b> <b>A – B = Buffer</b> ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed
<b>Air Gap →</b>	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	<b>Check Valve # 1 (≥ 1 psid)</b> <input type="checkbox"/> Closed Tight ____ . ____ psid <input type="checkbox"/> Leaked	<b>Check Valve # 2 (≥ 1 psid)</b> <input type="checkbox"/> Closed Tight ____ . ____ psid <input type="checkbox"/> Leaked	<b>Sight Tube</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Confirmation <input type="checkbox"/> Leaked	
<input type="checkbox"/> PVBA →	<b>Air Inlet Valve</b> Opened at ____ . ____ psid	<input type="checkbox"/> Opened Fully <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<b>Check Valve</b> Closed at ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed	

### Certified BFP Tester Info (BFP Tester - Please fill out this section and sign below)

Tester's Name (Please print)		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-mon-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 the BC Building Code and Canadian Standards Association – CAN/CSA B64.10

Tester's Signature \_\_\_\_\_ Date Test Completed (dd-mon-yyyy) \_\_\_\_\_ Owner's or Representative Signature \_\_\_\_\_



# City of Langley

## Backflow Prevention Assembly REPAIR Test Report

(Note: Complete and return this page **ONLY** if repair or replacement is required)



### Repaired or Replaced BFP Assembly Info (BFP Tester – Please correct or add missing information)

<input checked="" type="checkbox"/> Assembly Status : <input type="checkbox"/> <b>Repair</b> <input type="checkbox"/> <b>Replacement</b> (if required, fill in appropriate data)					
Assembly Make	Assembly Model No	Assembly Serial No	Assembly Size (in.)	Assembly Type	Old Serial No if applicable

### BFP Type    Repaired BFP Test Results (BFP Tester - Record test results AFTER repairs are complete)

<input type="checkbox"/> RPBA or → <input type="checkbox"/> RPDA	<b>Check Valve # 1</b> RP pressure drop (A) ____ . ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<b>Check Valve # 2</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<b>Relief Valve (≥ 2 psid)</b> Opened at (B) ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<b>Buffer (≥ 3 psid)</b> <b>A – B = Buffer</b> ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
<b>Air Gap →</b>	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	<b>Check Valve # 1 (≥ 1 psid)</b> <input type="checkbox"/> Closed Tight ____ . ____ psid <input type="checkbox"/> Leaked	<b>Check Valve # 2 (≥ 1 psid)</b> <input type="checkbox"/> Closed Tight ____ . ____ psid <input type="checkbox"/> Leaked	<b>Sight Tube</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Confirmation <input type="checkbox"/> Leaked		
<input type="checkbox"/> PVBA →	<b>Air Inlet Valve</b> Opened at ____ . ____ psid	<input type="checkbox"/> Opened Fully <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<b>Check Valve</b> Closed at ____ . ____ psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed		

### Cause of BFP Assembly Failing Initial Test (BFP Tester - Circle the reason for failure and add comments)

1. Isolation gate valve(s) passing water. 2. Foreign matter introduced during construction. 3. Sand or grit inherent to the supply system. 4. Copper filings, solder or pipe dope. 5. Nuts, bolts, washers, etc, (not from assembly). 6. Paper, cardboard or sawdust. 7. Improper assembly installed. 8. Kinking of external sensing line. 9. Air entrapment.	10. Tuberculation or rust. 11. Frozen assembly. 12. Abnormal rubber disc wear or cuts. 13. Spring(s). 14. O-Ring(s). 15. Loss of interior coating. 16. Disc retainer (fractured or worn) 17. Retainer nut. 18. Improper casting or machining of assembly. 19. Guide mechanism.	20. Obstructed sending line. 21. Diaphragm failure. 22. Replace rubber parts. 23. Test cock(s) missing from assembly. 24. Improper (unapproved) installation. 25. Assembly no longer required. 26. Assembly replaced. 27. Couldn't test (explain below). 28. Vertical installation. Yes [ ] No [ ] 29. Other (explain below)
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Remarks: \_\_\_\_\_

### Certified BFP Tester Info (BFP Tester - Please fill out this section and sign below)

Tester's Name (Please print)	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-mon-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 the BC Building Code and Canadian Standards Association – CAN/CSA B64.10