

City of Langley Backflow Prevention Assembly Test Report (Note: A separate report is required for each existing BFP assembly)

Designated F	Facility Contact F	Person Inforr	mation (Pleas	se correct or	add mis	ssina	inform	ation)		
Contact Person		Contact Person Title			Contact Person Organization						
Contact Person Mailing Address (Unit no., Street no., Street Name, City, Province, Postal Code)											
Contact Person Email Address Contact Person				erson Phone Number Contact Person Fax No.				Contact Person Cell No.			
Contact Person Linan Address Conta			Contact Person				da ivo.				
Facility Information (Please correct or add missing information) Facility Name (Name of building / structure in which device or assembly installed) Facility Type (See CSA B64-10.01)											
Facility Name (Name of building / structure in which device or assembly installed) Facility Type (See CSA B64-10.01)											
Facility Unit No.	Street Name or Park Name)						Permit No.				
Facility Municipality			e of Owne	er or Or	rganization					Facility Hazard Level	
Tability IIIailibips	Facility Municipality Name of Owner or Organization							r acility riazaru Level			
DED Assemb	ly Information (F	PED Tootor	Dlasses	-00///00	ot or odd mi	ooine in	forme	tion)			
Assembly Make	oly Information (E	sembly Model N			e <i>ct or add mis</i> sembly Serial No			<i>tion)</i> Size (in.)	Туре		External BFP No.
7 toochibiy wate	7.00	onibly Model I	10.	7.00	citibly certain te	·-)120 (III.)	Type		External Bi i 140.
Location of Assembly (Describe exact location within facility where					the assembly is	situated)				Type: Horiz	zontal or Vertical
Dragge Herrert Type (Con CSA B64 40 04)								Line Press	uro (noi)		
Process Hazard Type (See CSA B64-10.01) Line Pressure (psi)								ure (psi)			
Protection Type (1. Premises Isolation 2. In-Premises 3. Dedicated Fire Line 4. Please specify) BFP Assembly Hazard Level								nbly Hazard Level			
Initial BFP Te	est Results (BFP	Tester - Re	cord te	st resi	ults BEFORE	repairs	have	been	made)		
	Check Valv				alve #2				2 psid)	But	ffer (≥ 3 <i>psid</i>)
☐ RPBA	RP pressure								. ,		
	RP pressure drop (A) psid						Ope	ened at		А	A – B = Buffer
Or	-	-					-	ened at		A	√ – B = Buffer
Or □ RPDA	(A),_	psid	□ Close	ed Tial	ht	(B)		ened at _,			,psid
Or RPDA	(A), Closed Tight	psid	☐ Close	_	ht	(B)	ssed			Pas	,psid sed
☐ RPDA	(A), ☐ Closed Tight ☐ Leaked	psid [Leak	ed		(B) Pas	ssed	_,,			,psid sed
	(A), Closed Tight Leaked Required minimu	psid [[gap se	☐ Leak paration	ed provid	ded for RP?	(B) Pas Fai	ssed iled	_,] No		☐ Pass	,psid sed ed
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Submit Completed Report to:

City of Langley Engineering & Parks Operations 5713 198 Street Langley, BC V3A 1G5

Tel: (604) 514-2910

Fax: (604) 530-1276

Email: backflow@langleycity.ca

www.langleycity.ca



City of Langley Backflow Prevention Assembly REPAIR Test Report (Note: Complete and return this page ONLY if repair or replacement is required)

Repaired or I	Replaced BFP Assembly I	nformation <i>(BFP</i>	Tester - Ple	ase correct o	or add missing	information)				
Assembly Stat	tus: 🗌 Repair 🔲	Replacement (if required, i	fill in appropri	iate data)					
Assembly Make Assembly Model No.		Assembly Serial No. Assem		oly Size (in.)	Assembly Type	Old Serial No.				
Repaired BFP Test Results (BFP Tester - Record results AFTER repairs are complete)										
	Check Valve #1	Check Val	ve #2	Relief Valv	ve (≥ 2 psid)	Buffer (≥ 3 psid)				
☐ RPBA	RP pressure drop			Ope	ened at	A – B = Buffer				
Or	(A),psid	l <u> </u>			_,psid	,psid				
☐ RPDA		Closed Tight		☐ Passed	Passed Passed					
	☐ Leaked	Leaked		Failed	☐ Failed					
Air Gap →	Required minimum air gap				□ No					
	Check Valve #1 (≥ 1	. ,		#2 (≥ 1 psid	,	Sight Tube				
☐ DCVA	Closed Tight		sed Tight		Close					
or DCDA	or,psid		,,,	psid	☐ Confi					
□ DCDA	Leaked Air Inlet Valve	☐ Copened Fully		Chac	k Valve	eu				
□ PVBA	Opened at	☐ Passed	1		sed at	☐ Passed				
	,psid	☐ Failed		0.00	psid	☐ Failed				
Cause of BFI	P Assembly Failing Initial 1		- Circle the	reason for fa	·					
2. Foreig construction construc	er filings, solder or pipe dope bolts, washers, etc. (not from	13. Spring(s 14. O-Ring(s 15. Loss of i 16. Disc reta 17. Retainer	lation or rust assembly al rubber disc) s) interior coating ainer (fractured r casting or ma	d or worn)	20. Obstru 21. Diaph 22. Repla 23. Test c 24. Impro 25. Assen 26. Assen 27. Could 28. Vertice	mechanism ucted sending line ragm failure ce rubber parts cock(s) missing from assembly per (unapproved) installation nbly no longer required nbly replaced n't test (explain below) al installation Yes No (explain below)				
Test Gauge Mal	Ke Test Gauge Mode	CWWA Cert. No. (Company Name Serial No.	Calibration D	Tes	Calibrated By ts 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										
Submit Completed Report to: City of Langley Engineering & Parks Operations Tel: (604) 514-2910 Email: backflow@langleycity.ca										