City of Langley
Backflow Prevention Assembly Test Report

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

Designated Facility Contact Person Information (*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, Province, Postal Code)

Contact Person Email Address	Contact Person Phone Number	Contact Person Fax No.	Contact Person Cell No.

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 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 Information *(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 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

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

	Check Valve #1	**Check Valve #2**	**Relief Valve** *(≥ 2 psid)*	**Buffer** *(≥ 3 psid)*
☐ **RPBA** Or ☐ **RPDA**	RP pressure drop (A) _____,_____psid ☐ Closed Tight ☐ Leaked	☐ Closed Tight ☐ Leaked	Opened at (B) _____,_____psid ☐ Passed ☐ Failed	A – B = Buffer _____,_____psid ☐ Passed ☐ Failed
Air Gap →	Required minimum air gap separation provided for RP? ☐ Yes ☐ No			

	Check Valve #1 *(≥ 1 psid)*	**Check Valve #2** *(≥ 1 psid)*	**Sight Tube**
☐ **DCVA** or ☐ **DCDA**	☐ Closed Tight _____,_____psid ☐ Leaked	☐ Closed Tight _____,_____psid ☐ Leaked	☐ Closed Tight ☐ Confirmation ☐ Leaked

	Air Inlet Valve		**Check Valve**	
☐ **PVBA**	Opened at _____,_____psid	☐ Opened Fully ☐ Passed ☐ Failed	Closed at _____,_____psid	☐ Passed ☐ Failed

Certified BPF Tester Information *(BFP Tester - Please fill out this section and sign below)*

Testers 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

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 Replaced BFP Assembly Information *(BFP Tester - Please correct or add missing information)*

Assembly Status: ☐ **Repair** ☐ **Replacement** *(if required, fill in appropriate data)*

Assembly Make	Assembly Model No.	Assembly Serial No.	Assembly Size (in.)	Assembly Type	Old Serial No.

Repaired BFP Test Results *(BFP Tester - Record results AFTER repairs are complete)*

	Check Valve #1	**Check Valve #2**	**Relief Valve** *(≥ 2 psid)*	**Buffer** *(≥ 3 psid)*
☐ **RPBA** Or ☐ **RPDA**	RP pressure drop (A) _____,_____psid ☐ Closed Tight ☐ Leaked	☐ Closed Tight ☐ Leaked	Opened at (B) _____,_____psid ☐ Passed ☐ Failed	A – B = Buffer _____,_____psid ☐ Passed ☐ Failed
Air Gap →	Required minimum air gap separation provided for RP? ☐ Yes ☐ No			
☐ **DCVA** or ☐ **DCDA**	**Check Valve #1** *(≥ 1 psid)* ☐ Closed Tight _____,_____psid ☐ Leaked	**Check Valve #2** *(≥ 1 psid)* ☐ Closed Tight _____,_____psid ☐ Leaked	**Sight Tube** ☐ Closed Tight ☐ Confirmation ☐ Leaked	
☐ **PVBA**	**Air Inlet Valve** Opened at _____,_____psid ☐ Opened Fully ☐ Passed ☐ Failed	**Check Valve** Closed at _____,_____psid ☐ Passed ☐ 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 and 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)

Remarks: _____

Certified BPF Tester Information *(BFP Tester - Please fill out this section and sign below)*

Testers 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

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