

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	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 (≥ 1 psid) <input type="checkbox"/> Closed Tight ____ . ____ psid <input type="checkbox"/> Leaked	Check Valve # 2 (≥ 1 psid) <input type="checkbox"/> Closed Tight ____ . ____ psid <input type="checkbox"/> Leaked	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 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