



# 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) 19945 Brydon Crescent, Langley, BC, V3A 1J6			
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) Multi-Family	
Facility Unit no	Facility Address (Street no, Street Name or Park Name.) 19945 Brydon Crescent	Permit No.
Facility Municipality Langley	Name of Owner or Organization	Facility Hazard Level Moderate - Severe

BFP Assembly Info (BFP Tester – Please correct or add missing information)					
Assembly Make WATTS	Assembly Model No 757	Assembly Serial No VH-1150	Size (in.) 4"	Type DCVA	External BFP No
Location of Assembly (Describe exact location within the facility where the assembly is situated) In parkade - Mechanical room					Type- Horizontal or Vertical Horizontal
Process Hazard Type (See CSA B64-10.01) Moderate					Line Pressure (psi) 105
Protection Type (1.Premises Isolation, 2.In-Premises, 3.Dedicated Fire Line, 4. Please Specify) Premise Isolation - Domestic					BFP Assembly Hazard Level Moderate

<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> DCVA or → <input type="checkbox"/> DCDA	<b>Check Valve # 1 (≥ 1 psid)</b> <input checked="" type="checkbox"/> Closed Tight 3 . 2 psid  <input type="checkbox"/> Leaked	<b>Check Valve # 2 (≥ 1 psid)</b> <input checked="" type="checkbox"/> Closed Tight 3 . 1 psid  <input type="checkbox"/> Leaked	<b>Sight Tube</b> <input checked="" type="checkbox"/> Closed Tight <input checked="" 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) Jivan Pabla	Tester's BCWWA Cert. No 12045	Company Name GSP Backflow Inc.	Tester's Phone No 604-441-3727	
Test Gauge Make Mid-West	Test Gauge Model No 845-5	Test Gauge Serial No 11140094	Calibration Date (dd-mon-yyyy) 01-03-2022	Calibrated By Shepherd Instruments

**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

Jivan Pabla
26-April-2022