



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 LF009M2QT	Assembly Serial No 182458	Size (in.) 2"	Type RPBA	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) 100 psi
Protection Type (1.Premises Isolation, 2.In-Premises, 3.Dedicated Fire Line, 4. Please Specify) Irrigation					BFP Assembly Hazard Level Severe

☑ BFP Type	Initial BFP Test Results (BFP Tester - Record test results BEFORE repairs have been made)			
<input checked="" type="checkbox"/> RPBA or → <input type="checkbox"/> RPDA	Check Valve # 1 RP pressure drop (A) <u>8</u> . <u>7</u> psid <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Check Valve # 2 <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Relief Valve (≥ 2 psid) Opened at (B) <u>3</u> . <u>2</u> psid <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	Buffer (≥ 3 psid) A - B = Buffer <u>5</u> . <u>5</u> psid <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed
Air Gap →	Required minimum air gap separation provided for RP? <input checked="" 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) 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) 03-Jan-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

<i>Jivan Pabla</i> _____ Tester's Signature	26-April-2022 _____ Date Test Completed (dd-mon-yyyy)	_____ Owner's or Representative Signature
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Mail or Fax COMPLETED report to: City of Langley
 20399 Douglas Crescent
 Langley, B.C. V3A-4B3
 Tel : 604 514-2800 Fax: 604 514-2322
 Website <http://www.city.langley.bc.ca>