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Backflow Preventer Test Report

Filled by Facility Contact Person:

Address of Assembly: _____ Unit #: _____

Business Name: _____ Contact Person Name: _____

Mailing Address (if different): _____ Postal Code: _____

Facility Type: Institutional Commercial Industrial Agricultural Single Family Multi-Family

Phone: _____ e-mail Address: _____

New Device Unregistered Device

Assembly Manufacturer: _____ Model: _____ Size: _____ Serial Number: _____

Assembly Type: RP RPDA DCVA DCDA PVBA SVBA AG

Location of Assembly on Property, Building: _____

Assembly Orientation: Vertical Horizontal

Premise Isolation or if Individual Hazard, Specify Hazard Type: _____

Test Equipment: Sight Tubes Diff Gauge

Gauge Make: _____ Model: _____ Gauge Serial Number: _____

Date of Calibration (YY/MM/DD): _____ Calibrated by: _____

Date of Initial Test (YY/MM/DD): _____ Test after repair date (YY/MM/DD): _____

RP/RPDA Initial Test Pass Fail

RP/RPDA Test After Repair Pass Fail

1 st Check Valve Actual Press. Drop	2 nd Check Valve Closed Tight	Relief Valve Opened at:	Buffer	1 st Check Valve Actual Press. Drop	2 nd Check Valve Closed Tight	Relief Valve Opened at:	Buffer
_____._____ YES <input type="checkbox"/> NO <input type="checkbox"/>	_____._____ YES <input type="checkbox"/> NO <input type="checkbox"/>	_____._____ _____._____	_____._____	_____._____ YES <input type="checkbox"/> NO <input type="checkbox"/>	_____._____ YES <input type="checkbox"/> NO <input type="checkbox"/>	_____._____ _____._____	_____._____
Air Break > Diameter of the Relief Port of RPBA/RPDA (1" min.) Yes <input type="checkbox"/> No <input type="checkbox"/>							

DCVA/DCDA Initial Test Pass Fail

DCVA/DCDA Test After Repair Pass Fail

1 st Check Valve Press. Drop	2 nd Check Valve Press. Drop	Confirmation Test 1 st CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>	1 st Check Valve Press. Drop	2 nd Check Valve Press. Drop	Confirmation Test 1 st CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>
_____._____ Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	_____._____ Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	_____._____ 2 nd CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>	_____._____ Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	_____._____ Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	_____._____ 2 nd CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>

PVBA/SVBA Initial Test Pass Fail

PVBA/SVBA Test After Repair Pass Fail

Air Inlet Valve Opened at: _____ Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>	Check Valve Press. Drop _____ Closed Tight Yes <input type="checkbox"/> No <input type="checkbox"/>	Air Inlet Valve Opened at: _____ Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>	Check Valve Press. Drop _____ Closed Tight Yes <input type="checkbox"/> No <input type="checkbox"/>
_____._____ _____._____	_____._____ _____._____	_____._____ _____._____	_____._____ _____._____

AIR GAP Pass Fail

Unobstructed Distance between Outlet to Rim of Receiving Vessel $\geq 2 \times$ Diameter of the Discharge Outlet (1" min.) Yes <input type="checkbox"/> No <input type="checkbox"/>

Test Performed by: _____ BCWWA Certification No: _____

Testing Company Name: _____ City of Surrey Business License No: _____

Company Address: _____ City: _____ Postal Code: _____

Company Phone: _____ Fax: _____ Email: _____

I certify that to best of my knowledge the information I have entered onto this form is complete and accurate. I further certify that I have tested the above assembly in accordance with the current BC Water and Waste Association Testing Procedures.

Tester's Signature: _____ Date: _____

Check Causes for Backflow Preventer Failing Initial Test

	Description	No. 1 Check Valve	No. 2 Check Valve	Relief Valve
1.	Shut Off Gate Valve(s) Passing Water			
2.	Foreign Matter Introduced During Construction			
3.	Sand or 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	N/A	N/A	
8.	Kinking of External Sensing Line			
9.	Air Entrapment			
10.	Tuberculation or Rust			
11.	Damaged Assembly Due to Freezing			
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.	Retaining Nut (Loose or Missing)			
18.	Inferior Casting or Machining of Assembly			
19.	Guide Mechanism			
20.	Obstructed Sensing Line	N/A	N/A	
21.	Diaphragm Failure	N/A	N/A	
22.	Replace Rubber Parts			
23.	Test Cock(s) Missing from Assembly			N/A
24.	Improper (Unapproved) Installation			
25.	“Automatic” Test Cocks			
26.	Damaged Test Cocks			
27.	Couldn't Test (Explain Below)			
28.	Other (specify) _____ _____ _____ _____ _____ Remarks _____ _____ _____ _____ _____			