



CITY OF SURREY

Engineering Department – Water Section  
14245 – 56<sup>th</sup> Avenue Surrey, BC V3X 3A2 - Phone (604) 591-4340

Backflow Prevention Assembly Test Report

Street Address of Assembly: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Business Name/Owner's Name/Property Manager: \_\_\_\_\_  
Premise Type: \_\_\_\_\_ Contact Person if Different: \_\_\_\_\_ Phone: \_\_\_\_\_  
Billing Address if Different: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Assembly Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Assembly: Existing  New  Replacement  Serial number of replaced assembly: \_\_\_\_\_

Assembly Type: RPBA  RPDA  DCVA  DCDA  PVBA  SVBA  AG

If RPDA or DCDA, Serial Number of Metered Assembly: \_\_\_\_\_

Location of Assembly on Property or in Building: \_\_\_\_\_

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: \_\_\_\_\_

Initial Test Date: \_\_\_\_\_ Line Pressure at Time of Test: \_\_\_\_\_ P.S.I.G.

Test after repair date: \_\_\_\_\_

If assembly is repaired or requires replacement, fill in information on opposite side.

For Engineering use only.

<b>RPBA/RPDA Initial Test</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>		<b>RPBA/RPDA Test After Repair</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Relief Valve Opened at: _____	2 <sup>nd</sup> Check Valve Closed Tight Yes <input type="checkbox"/> No <input type="checkbox"/>	Relief Valve Opened at: _____	2 <sup>nd</sup> Check Valve Closed Tight Yes <input type="checkbox"/> No <input type="checkbox"/>
Actual Press. Drop _____	1 <sup>st</sup> Check Valve Actual Press. Drop _____	Actual Press. Drop _____	1 <sup>st</sup> Check Valve Actual Press. Drop _____
Air Break ≥ Diameter of the Relief Port of RPBA/RPDA (1" min.) Yes <input type="checkbox"/> No <input type="checkbox"/>			

<b>DCVA/DCDA Initial Test</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>		<b>DCVA/DCDA Test After Repair</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
1 <sup>st</sup> Check Valve Press. Drop _____	2 <sup>nd</sup> Check Valve Press. Drop _____	1 <sup>st</sup> Check Valve Press. Drop _____	2 <sup>nd</sup> Check Valve Press. Drop _____
Closed Tight 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"/>	Closed Tight Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation Test 1 <sup>st</sup> CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmation Test 2 <sup>nd</sup> CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmation Test 1 <sup>st</sup> CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmation Test 2 <sup>nd</sup> CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>PVBA/SVBA Initial Test</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>		<b>PVBA/SVBA Test After Repair</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Air Inlet Valve Opened at: _____	Check Valve Press. Drop _____	Air Inlet Valve Opened at: _____	Check Valve Press. Drop _____
Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>	Closed Tight Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>	Closed Tight Yes <input type="checkbox"/> No <input type="checkbox"/>

**AIR GAP** Pass  Fail

Unobstructed Distance between Outlet to Rim of Receiving Vessel ≥ 2 x Diameter of the Discharge Outlet (1" min.) Yes  No

Assembly Orientation: Vertical  Horizontal  Assembly Located in Confined Space? Yes  No   
To the best of your knowledge was the assembly installed correctly? Yes  No   
If No, include comments on opposite side.

Test Performed by: \_\_\_\_\_ BCWWA Certification No: \_\_\_\_\_  
Testing Company Name: \_\_\_\_\_ City of Surrey Business Licence No: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that to best of my knowledge the information I have entered onto both sides of 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. I understand that I am responsible to maintain a copy of this Test Report for my records. I understand that I am responsible to inform the owner or owner's representative immediately of an assembly that fails this test.

Tester's Signature: \_\_\_\_\_

Note: This original test report is a legal document. It must be filled out legibly and in full. When the assembly passes this test, this test report must be submitted within fourteen days of the initial test date to the Engineering front counter at the address above. When the assembly fails this test and is not immediately repaired successfully and retested, this test report must be submitted within three days of the initial test date to the Engineering front counter at the address above. Submit only this original. Photocopies, faxes or emailed Test Reports & Test Reports without fee payment (while in effect) will not be accepted. Incomplete Test Reports (see instruction sheet) shall be rejected and notice may be sent to both the Owner's Representative and the Testing Company. Test Report fees are not refundable.

For an assembly that passes test, fill out and attach lower portion to assembly.

City of Surrey

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Address of Assembly: \_\_\_\_\_ Hazard: \_\_\_\_\_  
Assembly Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial Number: \_\_\_\_\_

ASSEMBLY MUST BE TESTED AND PASS PRIOR TO FINAL PLUMBING INSPECTION. THIS PORTION OF THE REPORT MUST BE ATTACHED TO ASSEMBLY FOR THE PLUMBING INSPECTOR.

I certify that I have tested the above assembly and that the assembly meets the performance requirements as stipulated by the CSA Manual for the Maintenance and Field Testing of Backflow Prevention Devices – B64.10.1-01.

Tester's Signature: \_\_\_\_\_ Cert.# \_\_\_\_\_ Test Date (YY/MM/DD): \_\_\_\_\_  
Testing Company Name: \_\_\_\_\_

