

CITY OF SURREY

Engineering Department – Water Section 13450 104 Avenue Surrey, BC V3T 1V8

Backflow Preventer Test Report

New Device and Previously Unregistered Device

Filled by Facility Contact Person: Address of Assembly:									Unit #:		
Business Name: Contact Person Name:											
Mailing Address (if different):						Postal Code:					
Facility Type: Institutional Commercial I Industrial Agricultural Single Family									y 🗌 🛛 Mult	i-Family□	
Phone: e-mail Address:											
New Device Assembly Manufa Assembly Type: Location of Asser	acturer: RP 🔲 🛛 RI	PDA [N	DCD.	Α□	PVBA 🗌	SVBA 🗌				
Assembly Orientation: Vertical Abore Horizontal Assembly Orientation or if Individual Hazard, Specify Hazard Type:										rmit Number	
Test Equipment: Sight Tubes Diff Gauge Gauge Make: Model: Date of Calibration (YY/MM/DD): Calibrated b								For Survey Required Device Please indicate the item number from the survey report			
Date of Initial Test (YY/MM/DD):											
1st Check Valve2nd Check ValveActual Press. DropClosed Tight			Relief Valve Buffer Opened at:			1st Check Valve2nd CheActual Press. DropClose			Relief Valve Opened at:	Buffer	
·	YES N	10]	·	·	-	·	YES	NO	·	·	
Air Break > Diameter of the Relief Port of RPBA/RPDA (1" min.) Yes No											
DCVA/DCDA Initial Test Pass 🗌 Fail 🗌						DCVA/DCDA Test After Repair Pass 🗌 Fail 🗌					
1 st Check Valve Press. Drop Closed Tight YES NO □ □	2 nd Check Valve Press. Drop Closed Tight YES NO 		Confirmation Test 1^{st} CV PassYesNo 2^{nd} CV PassYesNo			st Check Valve Press. Drop Closed Tight YES NO	Press	ck Valve d Tight NO D	1^{st} (Yes 2^{nd} (Confirmation Test 1^{st} CV PassYesNo 2^{nd} CV PassYesNo	
PVBA/SVBA Ini	itial Test P	ass	Fail 🗌			PVBA/SVBA	Test Afte	r Repaiı	r Pass 🗌	Fail 🗌	
Air Inlet Valve Opened at: Opened Fully Yes 🗌 No 🗌		Chec Press	Check Valve Press. Drop Closed Tight Yes No			Air Inlet Valve Opened at: Opened Fully Yes D No D		Check Valve Press. Drop Closed Tight Yes No			
AIR GAP Pass		Outlet	to Rim of Receiv	ving Vesse	1>2	x Diameter of the I	Discharge O	utlet (1"	min.) Yes 🗖	No 🗆	
Testing Company Name:						BCWWA Certification No: City of Surrey Business License No:					
Company Address:		 For:			_ Ci	City:			Postal Code:		
I certify that to further certify th Testing Procedu	nat I have te										
Tester's Signature:Date:											

No. 1 Check No. 2 Check Description Valve **Relief Valve** Valve 1. Shut Off Gate Valve(s) Passing Water 2. Foreign Matter Introduced During Construction 3. Sand or Grit Inherent to the Supply System Copper Filings Solder or Pipe Dope 4. Nuts, Bolts, Washers, etc. (not from assembly) 5. 6. Paper, Cardboard or Sawdust Improper Assembly Installed 7. N/A N/A Kinking of External Sensing Line 8. Air Entrapment 9. Tuberculation or Rust 10. Damaged Assembly Due to Freezing 11. 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) Retaining Nut (Loose or Missing) 17. 18. Inferior Casting or Machining of Assembly 19. Guide Mechanism 20. Obstructed Sensing Line N/AN/A **Diaphragm Failure** N/A N/A 21. 22. **Replace Rubber Parts** 23. Test Cock(s) Missing from Assembly N/A Improper (Unapproved) Installation 24. "Automatic" Test Cocks 25. Damaged Test Cocks 26. 27. Couldn't Test (Explain Below) 28. Other (specify) Remarks ____

Check Causes for Backflow Preventer Failing Initial Test