



CITY OF SURREY

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

Backflow Preventer Test Report New Device and Previously Unregistered Device

For Engineering use only.

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: _____

Backflow Preventer Permit Number

For Survey Required Device
Please indicate the item number from the survey report _____.

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 _____._____ YES <input type="checkbox"/> NO <input type="checkbox"/>	2 nd Check Valve Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	Relief Valve Opened at: _____._____ _____._____	Buffer _____._____	1 st Check Valve Actual Press. Drop _____._____ YES <input type="checkbox"/> NO <input type="checkbox"/>	2 nd Check Valve Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	Relief Valve Opened at: _____._____ _____._____	Buffer _____._____
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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 <input type="checkbox"/> NO <input type="checkbox"/>	2 nd Check Valve Press. Drop _____._____ Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	Confirmation Test 1 st CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/> 2 nd CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>	1 st Check Valve Press. Drop _____._____ Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	2 nd Check Valve Press. Drop _____._____ Closed Tight YES <input type="checkbox"/> NO <input type="checkbox"/>	Confirmation Test 1 st CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/> 2 nd CV Pass Yes <input type="checkbox"/> No <input type="checkbox"/>
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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"/>
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AIR GAP Pass Fail

Unobstructed Distance between Outlet to Rim of Receiving Vessel $\geq 2 \times$ Diameter of the Discharge Outlet (1" min.) Yes No

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: _____

