Township of Langley
Est. 1873

Backflow Assembly Test Report

Send completed form and attachments to: **backflow@tol.ca**

Premises name

Premises address

| **Postal code** | **Owner's phone** |

Owner's email

Assembly location and hazard type

Protection: ❑ Domestic ❑ Boiler feed ❑ Irrigation
❑ Sprinkler ❑ Other _____

Assembly type: ❑ AG ❑ DCDA ❑ DCVA
❑ PVBA ❑ RPBA ❑ RPDA

Installed Position: ❑ Vertical up ❑ Horizontal
❑ Vertical down

Device:
Make _____ Model _____

Size _____ Serial no. _____

❑ Existing ❑ New ❑ Removed
❑ Replacement: replaces serial no. _____
❑ Reason failed _____

Test Equipment:
❑ Differential Gauge ❑ Duplex Gauge ❑ Site Tube

Gauge serial no.	**Gauge calibrated (dd/mm/yyyy)**
Tester name	**Certification no.**
Business name	**Business licence no.**
Address	
City	**Phone**

RPBA or RPDA

Initial
Test Date _____ (dd/mm/yyyy) _____ psi

Check Valve #1	**Check Valve #2**	**Relief Valve**	**Buffer**
_____ psi	❑ Closed tight	_____ psi	_____ psi
❑ Closed tight	❑ Leaked	❑ Passed	❑ Passed
❑ Leaked		❑ Failed	❑ Failed

Repair
Test Date _____ (dd/mm/yyyy) _____ psi

Check Valve #1	**Check Valve #2**	**Relief Valve**	**Buffer**
_____ psi	❑ Closed tight	_____ psi	_____ psi
❑ Closed tight	❑ Leaked	❑ Passed	❑ Passed
❑ Leaked		❑ Failed	❑ Failed

DCVA or DCDA

Initial
Test Date _____ (dd/mm/yyyy) _____ psi

Check Valve #1	_____ psi	**Check Valve #2**	_____ psi
❑ Closed tight	❑ Leaked	❑ Closed tight	❑ Leaked

Repair
Test Date _____ (dd/mm/yyyy) _____ psi

Check Valve #1	_____ psi	**Check Valve #2**	_____ psi
❑ Closed tight	❑ Leaked	❑ Closed tight	❑ Leaked

PVBA or SRPVB

Initial
Test Date _____ (dd/mm/yyyy) _____ psi

Air Inlet Valve	**Check Valve**	**Air Gap Inspection**
Opened at _____ psi	Opened at _____ psi	Required minimum AG provided
❑ Opened fully		
❑ Passed	❑ Passed	❑ Yes ❑ No
❑ Failed	❑ Failed	

Repair
Test Date _____ (dd/mm/yyyy) _____ psi

Air Inlet Valve	**Check Valve**	**Air Gap Inspection**
Opened at _____ psi	Opened at _____ psi	Required minimum AG provided
❑ Opened fully		
❑ Passed	❑ Passed	❑ Yes ❑ No
❑ Failed	❑ Failed	

❑ Service restored ❑ Confined space

❑ Comments on repair/replacement are detailed on second page

Questions? Building Department: 604.533.6018
Engineering Division: 604.532.7300

_____ _____
Certified tester's signature Owner's signature

Make	Model	Size	Serial no.

Comments on repair/replacement