

Backflow Prevention Device Test Report

To be submitted by the Property Owner, or Agent of an Industrial, Commercial, Institutional, or Multi-Residential building. This test report form is for **PREMISE ISOLATION ONLY** and tests must be conducted by a certified tester under Schedule 6 of the City of Toronto Water Supply By-law, Municipal Code Chapter § 851-8. In addition, the City requires a **BUILDING PERMIT** for all new installations and replacements.

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| Please email the completed Test Report to: backflow@toronto.ca | |
| For further inquiries: | |
| Webpage: toronto.ca/waterforbusiness Phone: 416-394-8888 Email: backflow@toronto.ca Fax: 416-696-3641 | Mail: Business and Customer Support Unit 275 Merton Street, Toronto, Ontario M4S 1A7 |

| Section 1 – Facility Information | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Address (Street Number and Name, Suite/Unit Number, City/Town) | Postal Code |
| Is this BFP Device for Premise Isolation? <input type="radio"/> Yes <input type="radio"/> No | Is there an Unprotected Branch Connection, Hose Connection, or a Split Between the Water Meter and BFP Device? <input type="radio"/> Yes <input type="radio"/> No |
| Is this BFP Device on a Fire System? <input type="radio"/> Yes <input type="radio"/> No | |
| Is the premise isolation backflow device installed after the water meter and its by-pass? <i>(Both the meter and meter by-pass must be protected by a backflow prevention device.)</i> | <input type="radio"/> Yes <input type="radio"/> No |
| Number of City of Toronto Water Meters at this Facility: _____ | If >1, please provide a survey. |
| Number of BFP Devices for Premise Isolation: _____ | If >1, please provide a sketch. |

| Section 2 – Property Owner or Agent | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| First Name (or Company Name) | Last Name | Telephone Number |
| Address (Street Number and Name, Suite/Unit Number, City/Town) | | Postal Code |
| Email | City of Toronto Water Account Number (located on any utility bill) If unable to locate account number, please provide the water meter serial number | |

| Section 3 – Certification | |
|----------------------------------------------------------------------------------------------------------------|-------------------|
| I certify that the device has been tested in accordance with Municipal Code Chapter 851 (Water Supply By-law). | |
| Certified Tester Signature | Date (yyyy-mm-dd) |
| Property Owner or Agent Signature | Date (yyyy-mm-dd) |

Backflow Prevention Device Test Report

Section 4 – Tester Information

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|-----------------------------------------------------------------------|-----------------------|---------------------------------|--|
| Certified Tester Name | | Tester CCC Certification Number | |
| Tester Business Name | | Telephone Number | |
| Tester Address (Street Number and Name, Suite/Unit Number, City/Town) | | | |
| Test Kit Serial Number | Test Kit Model Number | Test Kit Manufacturer | |
| Calibration Expiry Date (yyyy-mm-dd) | | | |

Section 5 – Backflow Device Information

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|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------|
| Type of Device: <input type="radio"/> RP <input type="radio"/> RPDA <input type="radio"/> DCVA <input type="radio"/> DCDA | | Hazard Level: <input type="radio"/> Severe <input type="radio"/> Moderate | |
| Serial Number | Size | Manufacturer | Model Number |
| Specific Location of Device | | | |
| Device Orientation <input type="radio"/> Horizontal <input type="radio"/> Vertical | Type of Test <input type="radio"/> Annual <input type="radio"/> New Installation <input type="radio"/> Replacement | | |
| Installed by (Company Name) | | Install Date (yyyy-mm-dd) | |
| Building Permit Number for New Installations/Replacements | | | |

Section 6 – Backflow Testing Test Re-test

If the device failed during initial testing, please note the repairs in the remarks below and complete this section with the re-test results.

RP/RPDA

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|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Shut-off Valve #2 <input type="radio"/> Leaked <input type="radio"/> Closed Tight | Relief Valve <input type="radio"/> Failed to Open <input type="radio"/> Opened | Check Valve #1 <input type="radio"/> Leaked <input type="radio"/> Closed Tight | Check Valve #2 <input type="radio"/> Leaked <input type="radio"/> Closed Tight |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Pressure Differential Across Check Valve #1 ≥ 5 psi in direction of flow A _____ psi/ kPa

Pressure Differential Across Check Valve #2 held tight in reverse direction _____ psi/ kPa

Opening Point of Relief Valve ≥ 2 psi – B _____ psi/ kPa

Buffer A – B = C ≥ 3 psi = C _____ psi/ kPa

DCVA/DCDA (≥ 1 psi in direction of flow)

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|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Shut-off Valve #1 <input type="radio"/> Leaked <input type="radio"/> Closed Tight | Shut-off Valve #2 <input type="radio"/> Leaked <input type="radio"/> Closed Tight |
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|--------------------------------------------------------------------------------|-------------------------------------------------|
| Check Valve #1 <input type="radio"/> Leaked <input type="radio"/> Closed Tight | Spring Tension Loss Differential _____ psi/ kPa |
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|--------------------------------------------------------------------------------|-------------------------------------------------|
| Check Valve #2 <input type="radio"/> Leaked <input type="radio"/> Closed Tight | Spring Tension Loss Differential _____ psi/ kPa |
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RP/RPDA & DCVA/DCDA

Static Inlet Line Pressure at the Time of Test _____ Psi/ kPa Test Results Passed Failed

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| Remarks | Test Date (yyyy-mm-dd) |
|---------|------------------------|