



Property Address		Location ID #:	Meter Serial #	Postal Code
Occupant Name		Party Contacted		Telephone
Owner				Telephone
Address of Owner				Postal Code
Name of Authorized Tester		Tester Certification Number		Telephone
Business Name		Business Address		Postal Code
Make of TEST KIT	Model Number	Serial Number	Date of Last Calibration	

**Backflow Prevention Device Information:**

*Provide a Picture of Installed Backflow Prevention Device*

Type of ASSEMBLY	<input type="checkbox"/> RP <input type="checkbox"/> DCVA	Model Number	Serial Number	Size				
INSTALL DATE	YY	MM	DD	Location of backflow prevention device (i.e. building, room #, installed on what system)				
		Shut Off # 2		Shut Off # 1				
		<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight		<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight				
TYPE of TEST	<input type="checkbox"/> Annual	TEST DATE	YY	MM	DD	<input type="checkbox"/> Premise Isolation*	<input type="checkbox"/> Fixture Isolation	*Fee Required*
<input type="checkbox"/> Installation Test <input type="checkbox"/> Replacement <b>Permit Required</b>	<input type="checkbox"/> Bypass Sealed <input type="checkbox"/> Bypass Open					<input type="checkbox"/> Bypass*	<input type="checkbox"/> Zone Isolation	
				<input type="checkbox"/> Fire System*	<input type="checkbox"/> Area Isolation	<input type="checkbox"/> Irrigation Metered*		<input type="checkbox"/> Irrigation Not Metered

**Backflow Prevention Device Test Results**

TEST	Differential Pressure Relief Valve	Check Valve No. 1	Check Valve No. 2	TEST RESULTS
	<input type="checkbox"/> Opened at _____ Psi _____ kPa <input type="checkbox"/> Failed to Open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ Psi _____ kPa	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ Psi _____ kPa	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Pressure Differential Across First Check Valve (no flow) _____ Psi _____ kPa Minus the Opening Point of Relief Valve _____ Psi _____ kPa BUFFER (3 psi or greater ) _____ Psi _____ kPa		Line Pressure at Time of Test _____ Psi _____ kPa Halton Test Tag # _____ Plumbing Permit # _____ Plumbing Inspection Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please Note: Signed off Local Municipality Permit MUST accompany this test report.

**Backflow Prevention Device Re-Test Results**

RE-TEST	Differential Pressure Relief Valve	Check Valve No. 1	Check Valve No. 2	RE-TEST RESULTS
	<input type="checkbox"/> Opened at _____ Psi _____ kPa <input type="checkbox"/> Failed to Open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ Psi _____ kPa	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ Psi _____ kPa	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Pressure Differential Across First Check Valve (no flow) _____ Psi _____ kPa Minus the Opening Point of Relief Valve _____ Psi _____ kPa BUFFER (3 psi or greater ) _____ Psi _____ kPa		Line Pressure at Time of _____ Psi _____ kPa Halton Test Tag # _____		
Remarks:				

Signature of Authorized Tester

Date: YY / MM / DD

This report and required fees are to be submitted to the Halton Region, Cross Connection Control Program, 1151 Bronte Road, Oakville, Ontario L6M 3L1 no later than 28 days from the date of test, as per By-law 79-19. Required repairs or replacements must be completed within 96 hours from the date of test and a re-test is to be completed and submitted within 28 days of the date of re-test, as per By-law 79-19. It is the Owners responsibility to forward the fee and test report to Halton Region.

Original: Halton Region

Copy: Local Building Department

Copy: Owner or Occupant

Copy: Certified Tester