

BACKFLOW PREVENTION BY-LAW 2012-27

ENVIRONMENTAL SERVICES DEPARTMENT
8100 Warden Avenue
Markham, ON L6G 1B4 Tel: (905) 475-4862 Fax: (905) 479-7772

Email: backflow@markham.ca

BACKFLOW PREVENTER TEST AND INSPECTION REPORT

NOTE: To be completed clearly and submitted to the City of Markham. Forms missing any information will be returned as unacceptable.

FACILITY ADDRESS			OCC	CUPANT	CONTACT	CONTACT PHONE #		
NAME OF OWNER ADDRESS (ADDRESS OF OWNER		POSTAL	CODE OWNER P	PHONE #	
QUALIFIED PERSON NAME OWWA CERT #			TES	TEST KIT MAKE TEST KIT MODEL #		RIAL# DATE OF LAS	T CALIBRATION	
BUSINESS NAME BUSINESS ADDRE			NESS ADDRESS	POSTAL CO		DE PHONE #		
DEVICE SERIAL # DEVICE MAKE DEVICE MODEL			DEVICE SIZE	DEVICE SIZE DEVICE ORIENTATION INST		BUILDING PERMIT # FOR ALL NEW INSTALLATIONS AND REPLACEMENTS		
INSTALLED ON WHAT SYSTEM DOMESTIC FIRE IRRIGATION BYPASS PREMISE ZONE SOURCE LOCATION OF DEVICE (i.e. BUILDING & ROOM NUMBER)								
TYF	PE OF TEST INITIAL ANNUAL REF	PLACES SERIAL #		OF DEVICE	PVB SRPVB	RPF Do	CVAF SCVAF	
	RP, RPF			DCVA, DCVA	DCVA, DCVAF, SCVAF		PVB, SRPVB	
	DIFFERENTIAL PRESSURE RELIEF VALVE	CHECK VALVE 1	CHECK VALVE 2	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	
T E S T	FAILED TO OPEN OPENED	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	FAILED TO OPEN OPENED	LEAKED CLOSED	
T	Opened at psi kPa	Pressure differential across check psi valve 1 (no flow) kPa	Pressure differential across check valve 2 (no flow) kPa	si across check kPa	Pressure drop psi across check kPa adve 2	Opened atpsi kPa	Pressure drop psi Across check kPa	
	STATIC INLET LINE PRESSURE AT	TIME OF TEST	psi/kPa	TEST RESULT	SSED	TEST DATE YYY	Y MM DD	
R E P	If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.							
PA	CHECK APPLICABLE VALVE(S)			CHECK VALVE #2 AIR INLET VALVE SHUT OFF VALVE				
I R				DIAPHRAGM SEAT				
	RP, RPF			DCVA, DCVAF, SCVAF		PVB, SRPVB		
	DIFFERENTIAL PRESSURE RELIEF VALVE	CHECK VALVE 1	CHECK VALVE 2	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	
R E T	FAILED TO OPEN OPENED	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	FAILED TO OPEN OPENED	LEAKED CLOSED	
RETEST	Opened at psi kPa	Pressure differential across check psi	Pressure differential across check	Pressure drop psi lacross check kPa a	Pressure drop psi across check kPa	Opened at psi kPa	Pressure drop psi Across check kPa	
	STATIC INLET LINE PRESSURE AT	valve 1 (no flow) kPa	valve 2 (no flow) kPa		valve 2 SSED FAILED	RETEST DATE YYY	 	
I hereby declare that the information provided herein is true and certify that I have tested the above assembly in accordance to the Town of Markham By-Law 2007-27 as amended and CAN/CSA-B64, 10-01						REMARKS/COMMENTS		
	SIGNATURE OF QUALIFIED PERSON DATE							
FOR OFFICE USE ONLY TESTING FREQUENCY INITIAL ANNUAL NSPECTOR'S SIGNATURE DATE								

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of City of Markham By-Law 2012-27 and may be used for the enforcement and administration of the By-law, and will be stored by the Town for such period of time which acilitates the enforcement and administration of the By-Law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Environmental Service Revision: January 2013