

# Backflow Prevention Device Test Report

**Facility and Device Information (please print)**

Facility Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Owner/Occupier Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Location of Assembly: \_\_\_\_\_  
 Assembly: \_\_\_\_\_  
 Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Size \_\_\_\_\_

Test Date: \_\_\_\_\_  
 Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**Tester Information (please print)**

Company Name: \_\_\_\_\_  
 Tester's Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cert #: \_\_\_\_\_

System: <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Bypass <input type="checkbox"/> Other _____						<b>Assembly Information</b>						
Air Gap: <input type="checkbox"/> Yes <input type="checkbox"/> No						RP <input type="checkbox"/> PVB <input type="checkbox"/> New <input type="checkbox"/> DCVA <input type="checkbox"/> SRPVB <input type="checkbox"/> Existing <input type="checkbox"/> Other <input type="checkbox"/> _____ Replacement <input type="checkbox"/> <input type="checkbox"/> Assembly Removed: _____ (year) (month) (day)						
<b>Test</b>	DCVA			PVB, SRPVB			Line Pressure at time of test: _____ kPa _____ psi					
	Check Valve #1 <input type="checkbox"/> Closed Tight _____ kPa _____ psi	Check Valve #2 <input type="checkbox"/> Closed Tight _____ kPa _____ psi	Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Air Inlet Valve Opening Point _____ kPa _____ psi	Check Valve Pressure Drop _____ kPa _____ psi	Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail						
	RP			Differential: A-B-C								
	Check Valve #1 (A) <input type="checkbox"/> Closed Tight _____ kPa _____ psi	Check Valve #2 <input type="checkbox"/> Closed Tight _____ kPa _____ psi	Opening Point of Relief Valve (B) _____ kPa _____ psi	<input type="checkbox"/> 3 psi or greater (C) _____ kPa _____ psi		Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail						
IF ANY TESTS IN THE SECTION ABOVE ARE MARKED AS FAILED OR OTHER ISSUES ARE NOTED, REMARKS MUST BE MADE ON PAGE 2												
<b>Retest</b>	DCVA			PVB, SRPVB			Hazard Level <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor Refer to CSA Standards					
	Check Valve #1 <input type="checkbox"/> Closed Tight _____ kPa _____ psi	Check Valve #2 <input type="checkbox"/> Closed Tight _____ kPa _____ psi	Retest <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Air Inlet Valve Opening Point _____ kPa _____ psi	Check Valve Pressure Drop _____ kPa _____ psi	Retest <input type="checkbox"/> Pass <input type="checkbox"/> Fail						
	RP			Differential: A-B-C								
	Check Valve #1 (A) <input type="checkbox"/> Closed Tight _____ kPa _____ psi	Check Valve #2 <input type="checkbox"/> Closed Tight _____ kPa _____ psi	Opening Point of Relief Valve (B) _____ kPa _____ psi	<input type="checkbox"/> 3 psi or greater (C) _____ kPa _____ psi		Retest <input type="checkbox"/> Pass <input type="checkbox"/> Fail						
I certify that I have tested the above assembly and that it meets the performance requirements as per by-law 10-2017. This report must be submitted within 14 days of test or installation.						Tester's Signature: _____ Land Owner's Signature: _____ Date Signed: _____						
Submit to Environmental Control: 3515 Wooddale Rd., Mississauga, Ontario, L5C 1V8 or Scan and Email to: BackflowPrevention@peelregion.ca						Test Equipment Used Diff. Gauge Model: _____ Diff. Gauge Serial #: _____ Calibrated by: _____ Calibration Date: _____ <input type="checkbox"/> Shut off valves returned to open Position						

