MAINTENANCE & OPERATIONS DIVISION
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BACKFLOW PREVENTION
BY-LAW 125-14

BACKFLOW PREVENTER TEST REPORT

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

FACILITY ADDRESS	OCCUPANT	CONTACT	CONTACT PHONE #
NAME OF OWNER	ADDRESS OF OWNER	POSTAL CODE	OWNER PHONE #

QUALIFIED PERSON NAME AND OWWA CERT #	TEST KIT MAKE	TEST KIT MODEL #	TEST KIT SERIAL #	DATE OF LAST CALIBRATION
BUSINESS NAME	BUSINESS ADDRESS	POSTAL CODE	PHONE #	

DEVICE MAKE	DEVICE MODEL	DEVICE SERIAL #	DEVICE SIZE	DEVICE ORIENTATION ☐ HORIZONTAL ☐ VERTICAL ☐ OTHER	INSTALL DATE YYYY MM DD	BUILDING PERMIT # FOR ALL NEW INSTALLATIONS AND REPLACEMENTS

INSTALLED ON WHAT SYSTEM ☐ DOMESTIC ☐ FIRE ☐ IRRIGATION ☐ BYPASS	TYPE OF ISOLATION ☐ PREMISE ☐ ZONE ☐ SOURCE	LOCATION OF DEVICE (i.e. BUILDING & ROOM NUMBER)

TYPE OF TEST ☐ INITIAL ☐ ANNUAL ☐ REPLACES SERIAL #

TYPE OF DEVICE ☐ RP ☐ DCVA ☐ PVB ☐ SRPVB ☐ RPF ☐ DCVAF ☐ SCVAF

TEST

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**
☐ FAILED TO OPEN ☐ OPENED Opened at _____ psi kPa	☐ LEAKED ☐ CLOSED TIGHT Pressure differential across check valve 1 (no flow) _____ psi kPa	☐ LEAKED ☐ CLOSED TIGHT Pressure differential across check valve 2 (no flow) _____ psi kPa	☐ LEAKED ☐ CLOSED TIGHT Pressure drop _____ psi across check valve 1 kPa	☐ LEAKED ☐ CLOSED TIGHT Pressure drop _____ psi across check valve 2 kPa	☐ FAILED TO OPEN ☐ OPENED Opened at _____ psi kPa	☐ LEAKED ☐ CLOSED Pressure drop _____ psi Across check kPa

STATIC INLET LINE PRESSURE AT TIME OF TEST _____ psi/kPa

TEST RESULT ☐ PASSED ☐ FAILED

TEST DATE YYYY MM DD

REPAIR

If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.

CHECK APPLICABLE VALVE(S) ☐ RELIEF VALVE ☐ CHECK VALVE # 1 ☐ CHECK VALVE # 2 ☐ AIR INLET VALVE ☐ SHUT OFF VALVE

CHECK APPLICABLE REPAIR ☐ CLEANED; REPLACED ☐ DISC ☐ SPRING ☐ DIAPHRAGM ☐ SEAT ☐ GUIDE ☐ O-RINGS ☐ POPPET ☐ REPAIR KIT

RETEST

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**
☐ FAILED TO OPEN ☐ OPENED Opened at _____ psi kPa	☐ LEAKED ☐ CLOSED TIGHT Pressure differential across check valve 1 (no flow) _____ psi kPa	☐ LEAKED ☐ CLOSED TIGHT Pressure differential across check valve 2 (no flow) _____ psi kPa	☐ LEAKED ☐ CLOSED TIGHT Pressure drop _____ psi across check valve 1 kPa	☐ LEAKED ☐ CLOSED TIGHT Pressure drop _____ psi across check valve 2 kPa	☐ FAILED TO OPEN ☐ OPENED Opened at _____ psi kPa	☐ LEAKED ☐ CLOSED Pressure drop _____ psi Across check kPa

STATIC INLET LINE PRESSURE AT TIME OF RETEST _____ psi/kPa

RETEST RESULT ☐ PASSED ☐ FAILED

RETEST DATE YYYY MM DD

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 Richmond Hill By-Law 125-14

SIGNATURE OF QUALIFIED PERSON _____ **DATE** _____

SIGNATURE OF OWNER/TENANT _____

DATE _____

REMARKS/COMMENTS

FOR OFFICE USE ONLY	**TESTING FREQUENCY** ☐ INITIAL ☐ ANNUAL	**INSPECTOR'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 Town of Richmond Hill By-Law 125-14 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 facilitates 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 Public Works for the Town of Richmond Hill.

Revision: Dec 2014