



**MAINTENANCE & OPERATIONS DIVISION**  
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# 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.

BACKFLOW PREVENTION  
 BY-LAW 125-14

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 #		
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE		PHONE #		
DEVICE MAKE		DEVICE MODEL	DEVICE SERIAL #	DEVICE SIZE	DEVICE ORIENTATION <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL <input type="checkbox"/> OTHER		INSTALL DATE YYYY MM DD	BUILDING PERMIT # FOR ALL NEW INSTALLATIONS AND REPLACEMENTS		
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> BYPASS			TYPE OF ISOLATION <input type="checkbox"/> PREMISE <input type="checkbox"/> ZONE <input type="checkbox"/> SOURCE		LOCATION OF DEVICE (i.e. BUILDING & ROOM NUMBER)					
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPLACES SERIAL #				TYPE OF DEVICE <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB <input type="checkbox"/> RPF <input type="checkbox"/> DCVAF <input type="checkbox"/> SCVAF						
<b>T E S T</b>	<b>RP, RPF</b>		<b>DCVA, DCVAF, SCVAF</b>		<b>PVB, SRPVB</b>					
	<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>	<b>CHECK VALVE 1</b>	<b>CHECK VALVE 2</b>	<b>CHECK VALVE 1</b>	<b>CHECK VALVE 2</b>	<b>AIR INLET VALVE</b>		<b>CHECK VALVE</b>		
	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED Opened at _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 1 (no flow) _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 2 (no flow) _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check valve 1 _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check valve 2 _____ psi kPa	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED Opened at _____ psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED Pressure drop Across check _____ psi kPa		
	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ psi/kPa				TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		TEST DATE		YYYY	MM
<b>R E P A I R</b>	<b>If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.</b>									
	CHECK APPLICABLE VALVE(S)		<input type="checkbox"/> RELIEF VALVE	<input type="checkbox"/> CHECK VALVE # 1	<input type="checkbox"/> CHECK VALVE # 2	<input type="checkbox"/> AIR INLET VALVE	<input type="checkbox"/> SHUT OFF VALVE			
CHECK APPLICABLE REPAIR		<input type="checkbox"/> CLEANED; REPLACED	<input type="checkbox"/> DISC	<input type="checkbox"/> SPRING	<input type="checkbox"/> DIAPHRAGM	<input type="checkbox"/> SEAT	<input type="checkbox"/> GUIDE	<input type="checkbox"/> O-RINGS	<input type="checkbox"/> POPPET	<input type="checkbox"/> REPAIR KIT
<b>R E T E S T</b>	<b>RP, RPF</b>		<b>DCVA, DCVAF, SCVAF</b>		<b>PVB, SRPVB</b>					
	<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>	<b>CHECK VALVE 1</b>	<b>CHECK VALVE 2</b>	<b>CHECK VALVE 1</b>	<b>CHECK VALVE 2</b>	<b>AIR INLET VALVE</b>		<b>CHECK VALVE</b>		
	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED Opened at _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 1 (no flow) _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 2 (no flow) _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check valve 1 _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check valve 2 _____ psi kPa	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED Opened at _____ psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED Pressure drop Across check _____ psi kPa		
	STATIC INLET LINE PRESSURE AT TIME OF RETEST _____ psi/kPa				RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		RETEST DATE		YYYY	MM
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 OWNER/TENANT			REMARKS/COMMENTS			
SIGNATURE OF QUALIFIED PERSON _____ DATE _____				DATE _____						
FOR OFFICE USE ONLY	TESTING FREQUENCY <input type="checkbox"/> INITIAL <input type="checkbox"/> 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.