



Backflow Prevention Device Test Report

Backflow Prevention Program - 275 Merton Street, Toronto, Ontario. M4S 1A7 - Fax: 416-696-3641 * - E-Mail - backflow@toronto.ca

To be submitted by the Property Owner of an Industrial, Commercial, Institutional, or Multi-Residential building. This test report form is for **PREMISE ISOLATION ONLY** and tests must be conducted by a certified tester under Schedule 6 of the City of Toronto Water Supply By-law, Municipal Code Chapter § 851-8. In addition, the City requires a **BUILDING PERMIT** to be obtained before any Backflow Prevention installations begin.

Facility Address: <input type="text"/>		Property Owner Name: <input type="text"/>		Owner Phone #: <input type="text"/>			
Is This BFP Device For Premise Isolation? <input type="radio"/> Yes <input type="radio"/> No		Facility Postal Code: <input type="text"/>					
Is There an Unprotected Branch Connection, Hose Connection, Or A Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No		Is this BFP Device on a Fire System? <input type="radio"/> Yes <input type="radio"/> No	Number Of City Of Toronto Water Meter's At This Facility: (>1 Requires a Survey) <input type="text"/>	Property Owner Address: <input type="text"/>			
Note: Both the meter and meter by-pass must be protected by the Backflow Preventer. Is the premise isolation backflow device installed after the water meter and its by-pass?		Number Of BFP Devices For Premise Isolation: (>1 Requires a Sketch) <input type="text"/>	City of Toronto Water Meter Account(s) #: (Located On Any Water Bill Payments Made By The Owner) <input type="text"/>				
Building Permit # For All New Installations & Replacements: <input type="text"/>		Certified Tester Name: <input type="text"/>		Tester Business Name: <input type="text"/>	Tester Address: <input type="text"/>		
Tester's OWWA #: <input type="text"/>	Test Kit Manufacturer: <input type="text"/>	Test Kit Model #: <input type="text"/>	Test Kit Serial #: <input type="text"/>	Calibration Expiry Date (yyyy/mm/dd): <input type="text"/>	Tester Phone #: <input type="text"/>		
BFP Device Serial #: <input type="text"/>		Specific Location of BFP Device: <input type="text"/>		BFP Device Manufacturer: <input type="text"/>	BFP Device Model #: <input type="text"/>		
				BFP Device Install Date (yyyy/mm/dd) <input type="text"/>	Device Size: <input type="text"/>		
Type Of Device: <input type="radio"/> RP <input type="radio"/> DCVA		Device Orientation: <input type="radio"/> Horizontal <input type="radio"/> Vertical		Type Of Test: <input type="radio"/> Annual <input type="radio"/> New Installation <input type="radio"/> Replacement			
				(Installed By) 'Company Name' <input type="text"/>	Hazard Level: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate		
T e s t	Shut-Off Valves		RP			DCVA	
	RP (Shut Off #2) DCVA (Shut Off #1 & #2)		Relief Valve	Check Valve #1		Check Valve #2	
	Shut-Off #1	Shut-Off #2	<input type="radio"/> Failed To Open <input type="radio"/> Opened	<input type="radio"/> Leaked <input type="radio"/> Closed Tight		(1 psi water column test in direction of flow)	
	<input type="radio"/> Leaked	<input type="radio"/> Leaked	Pressure Differential Across 1 st Check Valve (No Flow) A	<input type="text"/>	psi/ kPa	<input type="radio"/> Leaked <input type="radio"/> Closed Tight	Check Valve #1
	<input type="radio"/> Closed Tight	<input type="radio"/> Closed Tight	Pressure Differential Across 2 nd Check Valve (No Flow)	<input type="text"/>	psi/ kPa	<input type="radio"/> Leaked <input type="radio"/> Closed Tight	Check Valve #2
	<input type="radio"/> Closed Tight	<input type="radio"/> Closed Tight	Opening Point Of Relief Valve (2 psi or Greater) - B	<input type="text"/>	psi/ kPa	Spring Tension Loss Differential: <input type="text"/>	psi/ kPa
<input type="radio"/> Closed Tight	<input type="radio"/> Closed Tight	Buffer (3 psi or Greater) A - B = C	= C	<input type="text"/>	psi/ kPa	Spring Tension Loss Differential: <input type="text"/>	
Static Inlet Line Pressure At The Time Of Test: <input type="text"/>		Psi/ kPa	Test Result: <input type="radio"/> Passed <input type="radio"/> Failed		Remarks: <input type="text"/>	Test Date (yyyy/mm/dd): <input type="text"/>	
If The Device Fails The Initial Test For Any Reason, Complete The Sections Below, Indicating The Repairs And Retest Results							
R e p a i r	Check Applicable Valve(s): <input type="checkbox"/> Relief Valve <input type="checkbox"/> Check Valve #1 <input type="checkbox"/> Check Valve #2 <input type="checkbox"/> Shut-Off Valve #1 <input type="checkbox"/> Shut-Off Valve #2						
	Remarks: <input type="text"/>						
R e t e s t	Shut-Off Valves		RP			DCVA	
	RP (Shut Off #2) DCVA (Shut Off #1 & #2)		Relief Valve	Check Valve #1		Check Valve #2	
	Shut-Off #1	Shut-Off #2	<input type="radio"/> Failed To Open <input type="radio"/> Opened	<input type="radio"/> Leaked <input type="radio"/> Closed Tight		(1 psi water column test in direction of flow)	
	<input type="radio"/> Leaked	<input type="radio"/> Leaked	Pressure Differential Across 1 st Check Valve (No Flow) A	<input type="text"/>	psi/ kPa	<input type="radio"/> Leaked <input type="radio"/> Closed Tight	Check Valve #1
	<input type="radio"/> Closed Tight	<input type="radio"/> Closed Tight	Pressure Differential Across 2 nd Check Valve (No Flow)	<input type="text"/>	psi/ kPa	<input type="radio"/> Leaked <input type="radio"/> Closed Tight	Check Valve #2
	<input type="radio"/> Closed Tight	<input type="radio"/> Closed Tight	Opening Point Of Relief Valve (2 psi or Greater) - B	<input type="text"/>	psi/ kPa	Spring Tension Loss Differential: <input type="text"/>	psi/ kPa
<input type="radio"/> Closed Tight	<input type="radio"/> Closed Tight	Buffer (3 psi or Greater) A - B = C	= C	<input type="text"/>	psi/ kPa	Spring Tension Loss Differential: <input type="text"/>	
Static Inlet Line Pressure At The Time Of Test: <input type="text"/>		Psi/ kPa	Test Result: <input type="radio"/> Passed <input type="radio"/> Failed		Remarks: <input type="text"/>	Test Date (yyyy/mm/dd): <input type="text"/>	
I certify that the above device has been tested in accordance with the City Of Toronto Water Supply By-law, Municipal Code Chapter 851 and CSA Standard B64.10.1-01 - Manual for The Maintenance & Field Testing of Backflow Prevention Devices							
Signature Of The Certified Tester: <input type="text"/>		Date Signed (yyyy/mm/dd): <input type="text"/>		Signature Of The Owner: <input type="text"/>		Date Signed (yyyy/mm/dd): <input type="text"/>	

The personal information on this form is collected under the authority of the City of Toronto Act, 2006, s.136(c), By-Law 1163-2007, and Chapter 851 of the Toronto Municipal Code. The information is used to ensure that there is backflow prevention from a private water system into the City of Toronto's waterworks. Questions can be directed to: Backflow Prevention Program, 275 Merton Street, Toronto, Ontario, M4S 1A7. By telephone at: 416-394-8888. By email at: backflow@toronto.ca