

# Backflow Prevention Device Test Report

Environmental Monitoring & Protection Unit - 30 Dee Avenue, Toronto, Ontario M9N 1S9 - 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 style="width:90%;" type="text"/>		Property Owner Name: <input style="width:90%;" type="text"/>		Owner Phone #: <input style="width:90%;" type="text"/>		
Is This BFP Device For Premise Isolation? <input type="radio"/> Yes <input type="radio"/> No		Facility Postal Code: <input style="width:90%;" 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: <input style="width:90%;" type="text"/> (>1 Requires a Survey)	Property Owner Address: <input style="width:90%;" type="text"/>		
<b>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?</b> <input type="radio"/> Yes <input type="radio"/> No		Number Of BFP Devices For Premise Isolation: <input style="width:90%;" type="text"/> (>1 Requires a Sketch)	City of Toronto Water Meter Account(s) #: (Located On Any Water Bill Payments Made By The Owner) <input style="width:90%;" type="text"/>			
Building Permit # For All New Installations & Replacements: <input style="width:90%;" type="text"/>		Certified Tester Name: <input style="width:90%;" type="text"/>		Tester Business Name: <input style="width:90%;" type="text"/>		
Tester's OWWA #: <input style="width:90%;" type="text"/>		Test Kit Manufacturer: <input style="width:90%;" type="text"/>	Test Kit Model #: <input style="width:90%;" type="text"/>	Test Kit Serial #: <input style="width:90%;" type="text"/>	Calibration Expiry Date (yyyy/mm/dd): <input style="width:90%;" type="text"/>	
BFP Device Serial #: <input style="width:90%;" type="text"/>		Specific Location of BFP Device: <input style="width:90%;" type="text"/>		BFP Device Manufacturer: <input style="width:90%;" type="text"/>	BFP Device Model #: <input style="width:90%;" type="text"/>	
				BFP Device Install Date (yyyy/mm/dd): <input style="width:90%;" type="text"/>	Device Size: <input style="width:90%;" 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 style="width:90%;" type="text"/>	
				Hazard Level: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate		
<b>Shut-Off Valves</b>		<b>RP</b>			<b>DCVA</b>	
<b>RP (Shut Off #2) DCVA (Shut Off #1 &amp; #2)</b>		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		<input type="radio"/> Leaked <input type="radio"/> Closed Tight
<input type="radio"/> Leaked		<input type="radio"/> Leaked	Pressure Differential Across 1 <sup>st</sup> Check Valve (No Flow) A	<input style="width:90%;" type="text"/>	psi/ kPa	<input type="radio"/> Leaked <input type="radio"/> Closed Tight
<input type="radio"/> Closed Tight		<input type="radio"/> Closed Tight	Pressure Differential Across 2 <sup>nd</sup> Check Valve (No Flow)	<input style="width:90%;" type="text"/>	psi/ kPa	Spring Tension Loss Differential:
			Opening Point Of Relief Valve (2 psi or Greater) - B	<input style="width:90%;" type="text"/>	psi/ kPa	Spring Tension Loss Differential:
			Buffer (3 psi or Greater) A - B = C	= C	<input style="width:90%;" type="text"/>	psi/ kPa
Static Inlet Line Pressure At The Time Of Test: <input style="width:90%;" type="text"/>		Psi/ kPa	Test Result: <input type="radio"/> Passed <input type="radio"/> Failed		Remarks: <input style="width:90%;" type="text"/>	Test Date (yyyy/mm/dd): <input style="width:90%;" type="text"/>
<b>If The Device Fails The Initial Test For Any Reason, Complete The Sections Below, Indicating 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"/> Shut-Off Valve #1 <input type="checkbox"/> Shut-Off Valve #2						
Remarks: <input style="width:90%;" type="text"/>						
<b>Shut-Off Valves</b>		<b>RP</b>			<b>DCVA</b>	
<b>RP (Shut Off #2) DCVA (Shut Off #1 &amp; #2)</b>		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		<input type="radio"/> Leaked <input type="radio"/> Closed Tight
<input type="radio"/> Leaked		<input type="radio"/> Leaked	Pressure Differential Across 1 <sup>st</sup> Check Valve (No Flow) A	<input style="width:90%;" type="text"/>	psi/ kPa	<input type="radio"/> Leaked <input type="radio"/> Closed Tight
<input type="radio"/> Closed Tight		<input type="radio"/> Closed Tight	Pressure Differential Across 2 <sup>nd</sup> Check Valve (No Flow)	<input style="width:90%;" type="text"/>	psi/ kPa	Spring Tension Loss Differential:
			Opening Point Of Relief Valve (2 psi or Greater) - B	<input style="width:90%;" type="text"/>	psi/ kPa	Spring Tension Loss Differential:
			Buffer (3 psi or Greater) A - B = C	= C	<input style="width:90%;" type="text"/>	psi/ kPa
Static Inlet Line Pressure At The Time Of Test: <input style="width:90%;" type="text"/>		Psi/ kPa	Test Result: <input type="radio"/> Passed <input type="radio"/> Failed		Remarks: <input style="width:90%;" type="text"/>	Test Date (yyyy/mm/dd): <input style="width:90%;" 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 backflow prevention from a private water system into the City of Toronto's waterworks. Questions can be directed to: Manager, Environmental Monitoring and Protection, Toronto Water, 30 Dee Ave., Toronto, Ontario, M9N 1S9. By telephone at: 416-394-8888. By e-mail at: backflow@toronto.ca

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 style="width:90%;" type="text"/>		Date Signed (yyyy/mm/dd): <input style="width:90%;" type="text"/>		Signature Of The Owner: <input style="width:90%;" type="text"/>		Date Signed (yyyy/mm/dd): <input style="width:90%;" type="text"/>	
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