Region of Peel
working with you

Backflow Prevention Device Test Report

Cross-Connection Control Program
Environmental Control

Receipt Number: (For Office Use Only) _____

Test Date: _____ Permit No.: _____
Year Month Day

Facility and Device Information (please print)

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

Tester Information (please print)

Company Name: _____
Company Address: _____
City: _____ Postal Code: _____
Tester's Name: _____
Email: _____
Business Phone: _____ Cert #: _____

TYPE OF SYSTEM TESTED ☐ Fire ☐ Irrigation ☐ Other _____

Test

DCVA			PVB, SRPVB		
Check Valve #1 ☐ Closed Tight ☐ kPa ☐ psi	Check Valve #2 ☐ Closed Tight ☐ kPa ☐ psi	Test ☐ Pass ☐ Fail	Air Inlet Valve Opening Point ☐ kPa ☐ psi	Check Valve Pressure Drop ☐ kPa ☐ psi	Test ☐ Pass ☐ Fail

RP

Check Valve #1	Check Valve #2	Opening Point of Relief Valve	Differential: A - B = C	Test
☐ Closed Tight (A) ☐ kPa ☐ psi	☐ Closed Tight ☐ kPa ☐ psi	(B) ☐ kPa ☐ psi	☐ 3 psi or greater (C) ☐ kPa ☐ psi	☐ Pass ☐ Fail

Retest

DCVA			PVB, SRPVB		
Check Valve #1 ☐ Closed Tight ☐ kPa ☐ psi	Check Valve #2 ☐ Closed Tight ☐ kPa ☐ psi	Retest ☐ Pass ☐ Fail	Air Inlet Valve Opening Point ☐ kPa ☐ psi	Check Valve Pressure Drop ☐ kPa ☐ psi	Retest ☑ Pass ☐ Fail

RP

Check Valve #1	Check Valve #2	Opening Point of Relief Valve	Differential: A - B = C	Retest
☐ Closed Tight ☐ kPa ☐ psi	☐ Closed Tight ☐ kPa ☐ psi	☐ kPa ☐ psi	☐ 3 psi or greater (C) ☐ kPa ☐ psi	☐ Pass ☐ Fail

Assembly Information

RP ☐ PVB ☐ New ☐
DCVA ☐ SRPVB ☐ Existing ☐
Other ☑ Replacement ☐
☐ Assembly Removed: _____
(Year) (Month) (Day)

Line Pressure at time of test: _____ ☐ kPa ☐ psi

Type of Isolation	Device Orientation
☐ Premise ☐ Zone ☐ Source	☐ Horizontal ☐ Vertical ☐ Other _____ Refer to CSA Standards B64 Series

Hazard Level	Shut Off Valves
☐ Severe ☐ Moderate ☐ Minor Refer to CSA Standards	Pass / Fail: Valve #1 ☐ ☐, #2 ☐ ☐ If Failed, Please put Remarks on Page 2

☐ Shut off Valves Returned to Open Position

Test Equipment Used

Diff. Gage Model: _____
Diff. Gage Serial #: _____
Calibrated By: _____
Calibration Date: _____

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: _____

Submit to Environmental Control:
3515 Wolfedale Rd., Mississauga, Ontario, L5C 1V8

Reviewed By: _____

Please Complete Page 2

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Causes for Backflow Prevention Device Assembly Failure

Address:_____ **Date:**_____

If any of these boxes are checked or any other irregularities noticed, a detailed written explanation must be completed in the remarks section.

Remarks (Please PRINT clearly)

- ☐ Foreign matter introduced during construction
- ☐ Sand or grit inherent to the supply system
- ☐ Copper filings, solder or pipe dope
- ☐ Nuts, bolts, washers, etc. (not from assembly)
- ☐ Paper, cardboard or sawdust
- ☐ Kinking of external sensing line
- ☐ Air entrapment
- ☐ Tuberculation or rust
- ☐ Abnormal rubber disc wear or cuts
- ☐ Loss of interior coating
- ☐ Disc retainer fractured or worn
- ☐ Springs broken
- ☐ O-Rings pinched or cut
- ☐ Retainer nut
- ☐ Improper machining or casting
- ☐ Guide mechanism damaged
- ☐ Plugged sensing line
- ☐ Other

Backflow Prevention Device Assembly

If any of these boxes are checked or any other irregularities noticed, a detailed written explanation must be completed in the remarks section.

Remarks (Please PRINT clearly)

- ☐ Improper assembly installed for degree of hazard
- ☐ Shutoff valve/s will not close
- ☐ Test cocks missing from assembly
- ☐ Improper (unapproved) installation
- ☐ Vertical installation
- ☐ Assembly replaced
- ☐ Assembly no longer required
- ☐ Could not test
- ☐ Other