

DATE:

## **BACKFLOW PREVENTION DEVICE TEST REPORT**

CROSS-CONNECTION CONTROL PROGRAM – ENVIRONMENTAL CONTROL

RECEIPT NUMBER: (FOR OFFICE USE ONLY)

FACILITY AND DEVICE INFORMATION (PLEA	SE PRINT)								
FACILITY NAME:		TEST DATE: PERMIT NO.:							
ADDRESS:		YEAR	MONTH DAY						
CITY: POSTAL CODE: MAILING ADDRESS: CITY: POSTAL CODE: OWNER EMAIL: OWNER/OCCUPIER: PHONE NO.: LOCATION OF ASSEMBLY:		TESTER INFORMATION: (PLEASE PRINT) COMPANY NAME:							
							CITY: POSTAL CODE:		
		ASSEMBLY:							
		MANUFACTURER MODEL SERIA	L NO. SIZE BU	SINESS PHONE:	CERT#:				
		TYPE OF SYSTEM TESTED: FIRE IR	RRIGATION OTHER		ASSEMBLY INFORMATON				
			RP PVB NEW						
DCVA	PVB, SRPVE	3	DCVA SRPVB EXISTING						
CHECK VALVE #1 CHECK VALVE #2 TEST	AIR INLET VALVE CHECK VAL	VE TEST	OTHER: REPLACEMENT						
	OPENING POINT PRESSURE I								
kPakPa PASS	kPa		ASSEMBLY REMOVED:						
PSIPSI FAIL	PSI	_PSI FAIL	YEAR MONTH DAY						
RP  CHECK VALVE #1 CHECK VALVE #2 OPENING OF RELIEF DIFFERENTIAL: A-B=C TEST			LINE PRESSURE AT TIME OF TEST: Kpa						
CHECK VALVE #1 CHECK VALVE #2 OPENING OF RELIEF DIFFERENTIAL: A-B=C  CLOSED TIGHT CLOSED TIGHT VALVE 3 PSI OR GREATER			PSI						
(A)kPakPa (B)		PASS	TVDE OF ICOLATION						
PSIPSI	PSIPSI	FAIL	TYPE OF ISOLATION DEVICE ORIENTATION PREMISE HORIZONTAL						
DOVA DETECT	D)/D CI	NDV/D	ZONE VERTICAL						
DCVA - RETEST	·	SOURCE OTHER:							
	AIR INLET VALVE CHECK VAL OPENING POINT PRESSURE		REFER TO CSA STANDARDS B64 SERIES						
kPakPa PASS	kPakPa		HAZARD LEVEL SHUT OFF VALVES						
PSI PSI FAIL	PSI	_PSI FAIL	SEVERE VALVE PASS FAIL						
	RETEST		MODERATE #1						
CHECK VALVE #1 CHECK VALVE #2 OPENING OF RELIEF DIFFERENTIAL: A-B=C TEST			MINOR #2						
CLOSED TIGHT CLOSED TIGHT VALVE	3 PSI OR GREATER		REFER TO CSA STANDARDS IF FAILED, PLEASE PUT REMARKS ON PAGE 2						
	kPaKpa PSIPSI	PASS FAIL	SHUT OFF VALVES RETURNED TO OPEN POSITIONS						
PSIPSI		FAIL	TEST EQUIPMENT USED						
I CEDTIEV THAT I HAVE TESTED THE ABOVE ASSE	MADLY AND THAT IT MEETS T	THE DEDECTOR ANCE	DIFF. GAGE MODEL:						
I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY AND THAT IT MEETS THE PERFORMANCE			DIFF GAGE SERIAL #:						
REQUIREMENTS AS PER BY-LAW 10-2017. THIS REPORT MUST BE SUBMITTED WITHIN 14 DAYS OF TEST OR INSTALLATION.			CALIBRATED BY:						
OF ILST ON INSTALLATION.			CALIBRATION DATE:						
ESTER'S SIGNATURE:			YEAR MONTH DAY						
ANDOWNER'S SIGNATURE:		DEVIEWED DV:	DIFACE COMMITTE DACE 2. D. C. LAMAY 2004						
ATE.	K	REVIEWED BY:	PLEASE COMPLETE PAGE 2 Revised MAY 2024						



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Causes for Backflow Prevention Device Assembly Failure		Address:	Date:
If any of these boxes are checked or any other irreg explanation must be completed in the remarks		Remarks (Please PRINT clearly)	
Foreign matter introduced Sand or grit inherent to the Copper filings, solder or possible to the copper, cardboard or sawder in the cardboard or cardboard in the cardboard in th	d during construction le supply system lipe dope (not from assembly) dust ling line ar or cuts worn		
Backflow Prevention Device A If any of these boxes are checked or any other irreg explanation must be completed in the remarks	ularities noticed, a detailed written	Remarks (Please PRINT clearly)	
☐ Improper assembly instal☐ Shutoff valve/s will not clo	_		
☐ Test cocks missing from ☐ Improper (unapproved) ir	assembly		
☐ Vertical installation	Stallation		
<ul><li>☐ Assembly replaced</li><li>☐ Assembly no longer requ</li></ul>	ired		
☐ Could not test			
☐ Other			

For inquiries please contact: zzg-backflowprevention@peelregion.ca Submit Original Survey Documents to: The Region of Peel, Backflow Prevention, Environmental Control 3515 Wolfedale Rd, Mississauga, Ontario, L5C 1V8.