BACKFLOW PREVENTION DEVICE TEST REPORT

CROSS-CONNECTION CONTROL PROGRAM – ENVIRONMENTAL CONTROL
RECEIPT NUMBER: (FOR OFFICE USE ONLY)

FACILITY AND DEVICE INFORMATION (PLEASE PRINT)

FACILITY NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
MAILING ADDRESS: _____
CITY: _____ POSTAL CODE: _____
OWNER EMAIL: _____
OWNER/OCCUPIER: _____ PHONE NO.: _____
LOCATION OF ASSEMBLY: _____
ASSEMBLY: _____
MANUFACTURER MODEL SERIAL NO. SIZE

TEST DATE: _____ PERMIT NO.: _____
YEAR MONTH DAY

TESTER INFORMATION: (PLEASE PRINT)
COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY: _____ POSTAL CODE: _____
COMPANY EMAIL: _____
TESTER NAME: _____
TESTER EMAIL: _____
BUSINESS PHONE: _____ CERT#: _____

TYPE OF SYSTEM TESTED: ☐FIRE ☐IRRIGATION ☐OTHER

DCVA

CHECK VALVE #1	CHECK VALVE #2	TEST
☐CLOSED TIGHT	☐CLOSED TIGHT	
_____kPa	_____kPa	☐PASS
_____PSI	_____PSI	☐FAIL

PVB, SRPVB

AIR INLET VALVE OPENINING POINT	CHECK VALVE PRESSURE DROP	TEST
_____kPa	_____kPa	☐PASS
_____PSI	_____PSI	☐FAIL

RP

CHECK VALVE #1	CHECK VALVE #2	OPENING OF RELIEF VALVE	DIFFERENTIAL: A-B=C	TEST
☐CLOSED TIGHT	☐CLOSED TIGHT		☐3 PSI OR GREATER	
(A) _____kPa	_____kPa	(B) _____kPa	_____Kpa	☐PASS
_____PSI	_____PSI	_____PSI	_____PSI	☐FAIL

DCVA - RETEST

CHECK VALVE #1	CHECK VALVE #2	TEST
☐CLOSED TIGHT	☐CLOSED TIGHT	
_____kPa	_____kPa	PASS
_____PSI	_____PSI	FAIL

PVB, SRPVB

AIR INLET VALVE OPENINING POINT	CHECK VALVE PRESSURE DROP	TEST
_____kPa	_____kPa	☐PASS
_____PSI	_____PSI	☐FAIL

RP - RETEST

CHECK VALVE #1	CHECK VALVE #2	OPENING OF RELIEF VALVE	DIFFERENTIAL: A-B=C	TEST
☐CLOSED TIGHT	☐CLOSED TIGHT		☐3 PSI OR GREATER	
(A) _____kPa	_____kPa	(B) _____kPa	_____Kpa	☐PASS
_____PSI	_____PSI	_____PSI	_____PSI	☐FAIL

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: _____
LANDOWNER'S SIGNATURE: _____
DATE: _____

ASSEMBLY INFORMATON
☐RP ☐PVB ☐NEW
☐DCVA ☐SRPVB ☐EXISTING
☐OTHER: ☐REPLACEMENT

ASSEMBLY REMOVED: _____
YEAR MONTH DAY

LINE PRESSURE AT TIME OF TEST: _____ ☐Kpa ☐PSI

TYPE OF ISOLATION
☐PREMISE
☐ZONE
☐SOURCE

DEVICE ORIENTATION
☐HORIZONTAL
☐VERTICAL
☐OTHER: _____

REFER TO CSA STANDARDS B64 SERIES

HAZARD LEVEL
☐SEVERE
☐MODERATE
☐MINOR
REFER TO CSA STANDARDS

SHUT OFF VALVES	PASS	FAIL
#1	☐	☐
#2	☐	☐

IF FAILED, PLEASE PUT REMARKS ON PAGE 2

☐SHUT OFF VALVES RETURNED TO OPEN POSITIONS

TEST EQUIPMENT USED
DIFF. GAGE MODEL: _____
DIFF GAGE SERIAL #: _____
CALIBRATED BY: _____
CALIBRATION DATE: _____
YEAR MONTH DAY

REVIEWED BY: _____

PLEASE COMPLETE PAGE 2

Region of Peel
working with you

BACKFLOW PREVENTION DEVICE TEST REPORT

CROSS-CONNECTION CONTROL PROGRAM – ENVIRONMENTAL CONTROL

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

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