

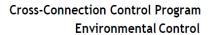
Backflow Prevention Device Test Report

Cross-Connection Control Program Environmental Control

						Rece	ript Number: (For Office	Use Only)		
Facility and Device Information (please print)						Tes	st Date:		Permit No.:	
Facility Name:						— Tosto	Year Information			
Street Address:							Tester Information (please print) Company Name:			
				`	Company Address:					
Mailing Address:							City: Postal Code:			
City: Postal Code: Owner/Occupier Name: Phone:				Test	er's Name:					
Location	n of Assembly:						Email:			
	Assembly:	cturer Mod	odel Serial No. Size				ess Phone:	Cert #:		
								Assemb	ly Information	
	TYPE OF SYSTE	M TESTED Fire	e 🗆 Irrigat	tion 🗆 Oth	er			-	•	
					PVB, SRPVB		RP PVB New DCVA SRPVB Existing			
	Check Valve #1	DCVA Check Valve #2	Test	Air Inlet Valv	'e	Check Valve	Test		Renlacement □	
	☐ Closed Tight	□ Closed Tight	☐ Pass	Opening Poir	nt	Pressure Drop	□ Pass	☐ Assembly Removed	: (Year) (Month) (Day)	
	□ kPa	□ kPa	☐ Fail		□ kPa	□ kPa	□ Fail		(Year) (Month) (Day)	
est	psi psi psi psi							Line Pressure at time of test: psi		
_e	Check Valve #1	Check Valve #2	Opening	g Point of	rential: A - B = C	Test				
	□ Closed Tight	☐ Closed Tight	Relie	f Valve		3 psi or greater	□ Pass	Type of Isolation	Device Orientation	
	(A) □ kPa	□ kPa	(B)	□ kPa		(C) □ kPa	□ Fail	☐ Premise	☐ Horizontal☐ Vertical	
	psi	psi	psi		psi			Zone	Other	
Retest		DCVA			□ Source	Refer to CSA Standards B64 Series				
	Check Valve #1				Air Inlet Valve Cho		Retest	Hazard Level	Shut Off Valves	
	 Closed Tight 	□ Closed Tight	☐ Pass	Opening Poir	nt	Pressure Drop	□ Pass □ Fail	☐ Severe	Pass Valve Fail	
	□ kPa	□ kPa	☐ Fail		□ kPa	□ kPa		☐ Moderate ☐ Minor		
	psi	RP psi			_□ psi	psi		Refer to CSA Standards	If Failed, Please put Remarks on Page 2	
	Check Valve #1 Check Valve #2 Opening Point of Differential: A						Retest	Shut off Valves Returned to Open Position		
	☐ Closed Tight	☐ Closed Tight	Relief Valve		☐ 3 psi or greater		□ Pass □ Fail		uipment Used	
	□ kPa	□ kPa	□ kPa □ psi		(C) □ kPa			-144		
	psi	psi				psi		Calibrated By: Calibration Date:		
									al Control	
I certify that I have tested the above assembly and that it meets the performance requirements as per by-law 10-2017. Tester's Signature: Land Owner's Signature: 3515 Wolfedale Rd., Mississauga, Ontario, L5C 1V8										
This report must be submitted within 14 days of test or installation. Land Owner's Signature: Date: Reviewed By:								and the second s		

Please Complete Page 2

Revision Date: August 2021



Region of Peel working with you Backflow Prevention Device Test Report

Causes 1	for Backflow Prevention Device Assembly Failure	Address:	_ Date:
If any of these explanation	boxes are checked or any other irregularities noticed, a detailed written 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		
If any of these explanation	W Prevention Device Assembly boxes are checked or any other irregularities noticed, a detailed written 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		

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