



BACKFLOW PREVENTION
BY-LAW 2012-27

ENVIRONMENTAL SERVICES DEPARTMENT
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BACKFLOW PREVENTER TEST AND INSPECTION REPORT

NOTE: To be completed clearly and submitted to the City of Markham. Forms missing any information will be returned as unacceptable.

FACILITY ADDRESS				OCCUPANT		CONTACT		CONTACT PHONE #		
NAME OF OWNER			ADDRESS OF OWNER			POSTAL CODE		OWNER PHONE #		
QUALIFIED PERSON NAME		OWWA CERT #		TEST KIT MAKE		TEST KIT MODEL #		TEST KIT SERIAL #		
DATE OF LAST CALIBRATION										
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE		PHONE #		
DEVICE SERIAL #	DEVICE MAKE	DEVICE MODEL	DEVICE SIZE	DEVICE ORIENTATION <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL <input type="checkbox"/> OTHER		INSTALL DATE YYYY MM DD		BUILDING PERMIT # FOR ALL NEW INSTALLATIONS AND REPLACEMENTS		
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> BYPASS			TYPE OF ISOLATION <input type="checkbox"/> PREMISE <input type="checkbox"/> ZONE <input type="checkbox"/> SOURCE		LOCATION OF DEVICE (i.e. BUILDING & ROOM NUMBER)					
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPLACES SERIAL #			TYPE OF DEVICE <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB <input type="checkbox"/> RPF <input type="checkbox"/> DCVAF <input type="checkbox"/> SCVAF							
TEST	RP, RPF		Shut-off Valve # 2 : <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		DCVA, DCVAF, SCVAF		PVB, SRPVB			
	DIFFERENTIAL PRESSURE RELIEF VALVE		CHECK VALVE 1	CHECK VALVE 2		CHECK VALVE 1	CHECK VALVE 2		AIR INLET VALVE	CHECK VALVE
	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED Opened at _____ psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 1 (no flow) _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 2 (no flow) _____ psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check valve 1 _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check valve 2 _____ psi kPa		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED Opened at _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED Pressure drop Across check _____ psi kPa
	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ psi/kPa					TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		TEST DATE YYYY MM DD		
REPAIR	If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.									
	CHECK APPLICABLE VALVE(S)			CHECK APPLICABLE REPAIR						
<input type="checkbox"/> RELIEF VALVE <input type="checkbox"/> CHECK VALVE # 1 <input type="checkbox"/> CHECK VALVE # 2 <input type="checkbox"/> AIR INLET VALVE <input type="checkbox"/> SHUT OFF VALVE			<input type="checkbox"/> CLEANED; REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SEAT <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> POPPET <input type="checkbox"/> REPAIR KIT							
RETEST	RP, RPF		Shut-off Valve # 2 : <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		DCVA, DCVAF, SCVAF		PVB, SRPVB			
	DIFFERENTIAL PRESSURE RELIEF VALVE		CHECK VALVE 1	CHECK VALVE 2		CHECK VALVE 1	CHECK VALVE 2		AIR INLET VALVE	CHECK VALVE
	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED Opened at _____ psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 1 (no flow) _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 2 (no flow) _____ psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check valve 1 _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check valve 2 _____ psi kPa		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED Opened at _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED Pressure drop Across check _____ psi kPa
	STATIC INLET LINE PRESSURE AT TIME OF RETEST _____ psi/kPa					RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		RETEST DATE YYYY MM DD		
I hereby declare that the information provided herein is true and certify that I have tested the above assembly in accordance to the City of Markham By-Law 2012-27 as amended and CAN/CSA-B64. 10-01				SIGNATURE OF OWNER/TENANT			REMARKS/COMMENTS			
SIGNATURE OF QUALIFIED PERSON			DATE							
			DATE							
FOR OFFICE USE ONLY	TESTING FREQUENCY <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		INSPECTOR'S SIGNATURE		DATE					