

BY-LAW 2012-27

ENVIRONMENTAL SERVICES DEPARTMENT

HAM ENVIRONMENTAL SELECTION OF A SEL Tel: (905) 475-4862 Fax: (905) 479-7772 Email: backflow@markham.ca

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			CONTACT PHONE #				
NAME OF OWNER ADDRESS OF OWN						ER				POSTA	L CODE	OWNER PHONE #					
QUALIFIED PERSON NAME OWWA CERT #					TEST KIT MAKE TEST KIT M			MODEL #	DDEL # TEST KIT SERIAL #		DATE OF LAST CALIBRATION						
BUSINESS NAME BUSINESS ADDRESS					SS ADDRESS			POSTAL C		DDE PHONE #							
DEVICE SERIAL # DEVICE MAKE DEVICE MODEL				DEVICE SIZE	DEVICE SIZE DEVICE ORIENT.			TION INSTALL DATE		MM DD	BUILDING PERMIT # FOR ALL NEW INSTALLATIONS AND REPLACEMENTS						
	TALLED ON WHAT SYSTEM				AISE ZONE S	OURCE		ICE (i.e. BU	ULDING & ROOM NU	MBER)							
TYPE OF TEST INITIAL ANNUAL REPLACES SERIAL #					_			[PVB	SRPVB			CVAF		SCVAF		
T E S T	RP, RPF						DCVA, DCVAF		AF, SCVAF			PVB, S			RPVB		
	DIFFERENTIAL PRESSURE (CHECK VALVE 1		CHECK VALVE 2		CHECK VALVE 1		CHECK VALVE 2		AIR INLET VALVE		CHECK VALVE				
			LEAKED CLOSED TIGHT		LEAKED				LEAKED	LEAKED CLOSED TIGHT		FAILED TO OPEN		LEAKED CLOSED			
Ť	Opened at	kPa across check		psi			Pressure drop across check valve 1	psi Pressure drop kPa across check valve 2		psi kPa	Opened at psi kPa		Pressure drop psi Across check kPa				
	STATIC INLET LINE PRESSURE AT TIME OF TEST psi/k					Pa	TEST RESULT PASSED FAILED				TEST DATE YYYY MM			DD			
R				If the d	levice fails the initial test fo	r any reaso	on, complete the sectio	ns below, ı	noting the repairs ar	d retest result	s.						
R E P A	CHECK APPLICABLE VALVE(S)				CHECK VALVE # 1	-	CHECK VALVE # 2 AIR INLET VALVE			SHUT OFF VALVE							
I R	CHECK APPLICABLE REPAIR						DIAPHRAGM SEAT GUIDE				RINGS POPPET REPAIR KIT						
	RP, RPF						DCVA, DCVAF, SCVAF					PVB, SRPVB					
	DIFFERENTIAL PRESSURE RELIEF VALVE		CHECK VALVE 1		CHECK VALVE 2		CHECK VALVE 1		CHECK VALVE 2				CHECK VALVE				
R E T E S T	FAILED TO OPEN		KED SED TIGHT		LEAKED		LEAKED		LEAKED	IT	FAILED TO O	PEN		LEAKED CLOSED			
	Opened at	psi Pressure c kPa across che valve 1 (no	ck	psi	Pressure differential across check valve 2 (no flow)	psi	Pressure drop across check valve 1	psi kPa	Pressure drop across check valve 2	psi kPa	Opened at	psi kPa		ure drop s check	psi kPa		
	STATIC INLET LINE PRESSURE AT TIME OF RETEST pre					si/kPa	RETEST RESU			AILED	RETEST DATE		Y	ММ	DD		
I hereby declare that the information provided herein is true and certify that I have tested the above assembly in accordance to the Town of Markham By-Law 2007-27 as amended and CAN/CSA-B64. 10-01							SIGNATURE OF OWNER/TENANT					REMARKS/COMMENTS					
SIGNATURE OF QUALIFIED PERSON DATE							DATE				1						
FOR OFFICE USE ONLY TESTING FREQUENCY INSPECTOR'S SIGNATURE INITIAL ANNUAL							DATE				1						

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of City of Markham By-Law 2012-27 and may be used for the enforcement and administration of the Bylaw, and will be stored by the Town for such period of time which facilitates the enforcement and administration of the By-Law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses, unless otherwise modified or revised in Revision: January 2013 writing and delivered to the Director of Environmental Services for the City of Markham.