



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												
<b>T E S T</b>	RP, RPF <b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>			CHECK VALVE 1		CHECK VALVE 2		DCVA, DCVAF, SCVAF <b>CHECK VALVE 1</b>		CHECK VALVE 2		PVB, SRPVB <b>AIR INLET VALVE</b>		<b>CHECK VALVE</b>	
	<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) <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															
CHECK APPLICABLE REPAIR <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															
<b>R E T E S T</b>	RP, RPF <b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>			CHECK VALVE 1		CHECK VALVE 2		DCVA, DCVAF, SCVAF <b>CHECK VALVE 1</b>		CHECK VALVE 2		PVB, SRPVB <b>AIR INLET VALVE</b>		<b>CHECK VALVE</b>	
	<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
	REMARKS/COMMENTS														
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								
SIGNATURE OF QUALIFIED PERSON _____							DATE _____								
DATE _____															
FOR OFFICE USE ONLY		TESTING FREQUENCY <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		INSPECTOR'S SIGNATURE			DATE								