Backflow prevention device test report

Date: _____

Facility address, including unit number: _____

A. Facility information

Facility ID: _____

Occupant: _____

Emergency contact person: _____

Telephone: _____

Email: _____

B. Owner information

Corporation or partnership (if applicable): _____

Last Name: _____ First Name: _____

Mailing Address: _____

Postal Code: _____ Municipality: _____

Email: _____ Telephone: _____

C. Tester information

Name of certified tester: _____

Tester certification number: _____

Business name: _____

Business address: _____

Postal Code: _____ Municipality: _____

Email: _____ Telephone: _____

D. Test kit information

Make of test kit: _____ Serial number: _____

Model number: _____ Date of last calibration: _____

E. Device information

Device location:_____

Purpose of device:_____

Test date:_____

☐ Reduced pressure principle backflow preventer (RP)

☐ Double check valve backflow preventer (DCVA)

☐ Pressure vacuum breaker (PVB)

☐ Spill-resistant pressure vacuum breaker (SRPVB)

Make:_____ Serial number:_____

Model:_____ Size:_____

☐ Initial test: ☐ Passed ☐ Failed

☐ Annual test: ☐ Passed ☐ Failed

Line pressure:_____

F. Reduced pressure backflow assembly

Check valve number 1

- ☐ Leaked ☐ Closed tight
- pressure differential across number 1 check:_____

Check valve number 2

- ☐ Leaked ☐ Closed tight
- pressure differential across number 2 check:_____

Shut off valves

- ☐ Leaked ☐ Closed tight

Relief valve

- ☐ failed to open
- opened at:_____

Buffer (drop across first check valve minus opening point of relief valve):

_____

G. Double check valve assembly

Check valve number 1 with flow

☐ Leaked ☐ Closed tight

Check valve number 1 against flow

☐ Leaked ☐ Closed tight

Pressure differential across number 1 check:_____

Check valve number 2 with flow

☐ Leaked ☐ Closed tight

Check valve number 2 against flow

☐ Leaked ☐ Closed tight

Pressure differential across number 2 check:_____

H. PVB

- ☐ failed to open
- opened at:_____
- check valve: ☐ Leaked ☐ Closed tight
- pressure differential across check valve:_____

I. SRPVB

- ☐ failed to open
- opened at:_____
- check valve: ☐ Leaked ☐ Closed tight
- check valve closing point:
  _____

J. Failed test/replaced device

If assembly fails test, make note of repairs in the space provided below. **If device replaces an existing device, list serial number of existing device.**

Description:_____

Date:_____

Signature of tester:_____

Collection of Personal Information

Personal information is being collected and will be used for the purposes of collecting data for backflow prevention device installation, removal, statistics and to connect with the device tester and property owner regarding the form.

Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA.

If you have questions about the collection, use or disclosure of this personal information please call 519-822-1260 extension 2349 or email privacy@guelph.ca.

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