



BACKFLOW PREVENTION
BY-LAW 2014-73

Township Of King
2585 King Rd
King City, On
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BACKFLOW PREVENTER TEST AND INSPECTION REPORT

NOTE: To be completed clearly and submitted to the Township of King .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 AND OWWA CERT #					TEST KIT MAKE		TEST KIT MODEL #		TEST KIT SERIAL #		DATE OF LAST CALIBRATION		
BUSINESS NAME			BUSINESS ADDRESS				POSTAL CODE		PHONE #				
DEVICE MAKE		DEVICE MODEL	DEVICE SERIAL #		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			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		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED
	Opened at _____ psi kPa		Pressure differential across check valve 1 (no flow) _____ psi kPa		Pressure differential across check valve 2 (no flow) _____ psi kPa		Pressure drop across check valve 1 _____ psi kPa		Pressure drop across check valve 2 _____ psi kPa		Opened at _____ psi kPa		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													
RETEST	RP, RPF			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		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED
	Opened at _____ psi kPa		Pressure differential across check valve 1 (no flow) _____ psi kPa		Pressure differential across check valve 2 (no flow) _____ psi kPa		Pressure drop across check valve 1 _____ psi kPa		Pressure drop across check valve 2 _____ psi kPa		Opened at _____ psi kPa		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 2007-27 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							

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 the Township of King and may be used for the enforcement and administration of the By-law, and will be stored by the Township 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 writing and delivered to the Director of Public Works.