

Backflow Prevention Device Test Report

To be submitted by the Property Owner, or Agent of an Industrial, Commercial, Institutional, or Multi-Residential building. This test report form is for **PREMISE ISOLATION ONLY** and tests must be conducted by a certified tester under Schedule 6 of the City of Toronto Water Supply By-law, Municipal Code Chapter § 851-8. In addition, the City requires a **BUILDING PERMIT** for all new installations and replacements.

Section 1 – Property Owner or Agent

First Name	Last Name	Telephone Number
Address (Street Number and Name, Suite/Unit Number, City/Town)		Postal Code
Email	City of Toronto Water Account Number (located on any utility bill) If unable to locate account number, please provide the water meter serial number	

Section 2 – Facility Information

Facility Address (Street Number and Name, Suite/Unit Number, City/Town)		Postal Code
Is this BFP Device for Premise Isolation? <input type="radio"/> Yes <input type="radio"/> No	Is there an Unprotected Branch Connection, Hose Connection, or a Split Between the Water Meter and BFP Device? <input type="radio"/> Yes <input type="radio"/> No	
Is this BFP Device on a Fire System? <input type="radio"/> Yes <input type="radio"/> No		
Is the premise isolation backflow device installed after the water meter and its by-pass? (Both the meter and meter by-pass must be protected by a backflow prevention device.) <input type="radio"/> Yes <input type="radio"/> No		
Number of City of Toronto Water Meters at this Facility: _____ If >1, please provide a survey.		
Number of BFP Devices for Premise Isolation: _____ If >1, please provide a sketch.		

Section 3 – Tester Information

Building Permit Number for all New Installations & Replacements		Certified Tester Name
Tester Business Name		
Tester Address (Street Number and Name, Suite/Unit Number, City/Town)		
Tester Telephone Number	Tester's CCC Certification Number	Test Kit Manufacturer
Test Kit Model Number	Test Kit Serial Number	Calibration Expiry Date (yyyy-mm-dd)

Section 4 – Backflow Device Information

Type of Device: <input type="radio"/> RP <input type="radio"/> RPDA <input type="radio"/> DCVA <input type="radio"/> DCDA		Hazard Level: <input type="radio"/> Severe <input type="radio"/> Moderate	
Serial Number	Size	Manufacturer	Model Number
Specific Location of Device			
Device Orientation <input type="radio"/> Horizontal <input type="radio"/> Vertical		Type of Test <input type="radio"/> Annual <input type="radio"/> New Installation <input type="radio"/> Replacement	
Installed by (Company Name)		Install Date (yyyy-mm-dd)	

Backflow Prevention Device Test Report

Section 5 – Backflow Testing Test Re-test

RP/RPDA			
Shut-off Valve #2 <input type="radio"/> Leaked <input type="radio"/> Closed Tight	Relief Valve <input type="radio"/> Failed to Open <input type="radio"/> Opened	Check Valve #1 <input type="radio"/> Leaked <input type="radio"/> Closed Tight	Check Valve #2 <input type="radio"/> Leaked <input type="radio"/> Closed Tight
Pressure Differential Across Check Valve #1 \geq 5 psi in direction of flow			A _____ psi/ kPa
Pressure Differential Across Check Valve #2 held tight in reverse direction _____ psi/ kPa			
Opening Point of Relief Valve \geq 2 psi			– B _____ psi/ kPa
Buffer A – B = C \geq 3 psi			= C _____ psi/ kPa
DCVA/DCDA (\geq 1 psi in direction of flow)			
Shut-off Valve #1 <input type="radio"/> Leaked <input type="radio"/> Closed Tight		Shut-off Valve #2 <input type="radio"/> Leaked <input type="radio"/> Closed Tight	
Check Valve #1 <input type="radio"/> Leaked <input type="radio"/> Closed Tight		Spring Tension Loss Differential _____ psi/ kPa	
Check Valve #2 <input type="radio"/> Leaked <input type="radio"/> Closed Tight		Spring Tension Loss Differential _____ psi/ kPa	
RP/RPDA & DCVA/DCDA			
Static Inlet Line Pressure at the Time of Test _____ Psi/ kPa		Test Results <input type="radio"/> Passed <input type="radio"/> Failed	
Remarks		Test Date (yyyy-mm-dd)	

Section 6 – Repair(s) (if applicable)

If the device failed during initial testing, please note the repairs below, and complete Section 5 (above) with the re-test results.

Check Applicable Valve(s):

Relief Valve Check Valve #1 Check Valve #2 Shut-off Valve #1 Shut-off Valve #2

Remarks

Section 7 – Certification

I certify that the above device has been tested in accordance with Municipal Code Chapter 851 (Water Supply By-law).

Certified Tester Signature

Test Date (yyyy-mm-dd)

Property Owner or Agent Signature

Test Date (yyyy-mm-dd)

Section 8 – Submission & Information

Please submit test forms to our backflow email: backflow@toronto.ca

For further inquiries:

Webpage: toronto.ca/waterforbusiness
Phone: 416-394-8888
Email: backflow@toronto.ca
Fax: 416-696-3641

Mail: Business and Customer Support Unit
 275 Merton Street, Toronto, Ontario M4S 1A7