

BACKFLOW PREVENTER TEST AND INSPECTION REPORT

Note: To be completed clearly and submitted to the Chatham-Kent Public Utilities Commission. Forms missing any information will be returned as unacceptable.

* REQUIRED FOR ALL NEW INSTALLATIONS, REPLACEMENTS, & ANNUAL TESTING

For Office Use Only: Date Test Report Received: _____				Tax Roll Number: _____			
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 #
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"/> RPF <input type="checkbox"/> DCVAF <input type="checkbox"/> SCVAF			
T E S T	RP, RPF		DCVA, DCVAF, SCVAF		PVB		
	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 Opened at (B) _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 1 (no flow) (A) _____ 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 _____ psi across check valve 1 kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop _____ psi across check valve 2 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 _____ psi across check kPa
	STATIC LINE PRESSURE AT TIME OF TEST _____ psi kPa		BUFFER (3 psi or greater) : A - B = C C = _____ psi/kPa		TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		TEST DATE
R E P A I R	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					
R E T E S T	RP, RPF		DCVA, DCVAF, SCVAF		PVB		
	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 Opened at (B) _____ psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure differential across check valve 1 (no flow) (A) _____ 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 _____ psi across check valve 1 kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop _____ psi across check valve 2 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 _____ psi across check 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 Municipality of Chatham-Kent By-Law 2016-019 as amended and CAN/CSA-B64. 10-01				SIGNATURE OF OWNER/TENANT		REMARKS/COMMENTS	
SIGNATURE OF QUALIFIED PERSON _____				SIGNATURE _____			
DATE _____				DATE _____			
FOR OFFICE USE ONLY	TESTING FREQUENCY INITIAL ANNUAL	ADMINISTRATOR'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 Municipality of Chatham-Kent By-Law 65-2015 and may be used for the enforcement and administration of the By-law, and will be stored by the City 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 Compliance and Quality Standards for the Chatham-Kent Public Utilities Commission.