

# BACKFLOW PREVENTER TEST AND INSPECTION REPORT

**NOTE:** To be completed clearly and submitted to the City of Cornwall. Forms missing any information will be returned as unacceptable.  
\* REQUIRED FOR ALL NEW INSTALLATIONS AND REPLACEMENTS

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									
TEST	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 (B) _____ 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 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		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	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 Cornwall 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 <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		ADMINISTRATOR'S SIGNATURE		DATE								