

BACKFLOW PREVENTER TEST AND PREMISE ISOLATION 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								
T E S T	RP, RPF DIFFERENTIAL PRESSURE RELIEF VALVE		CHECK VALVE 1		CHECK VALVE 2		DCVA, DCVAF, SCVAF CHECK VALVE 1		CHECK VALVE 2		PVB 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) (A) _____ 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
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 DIFFERENTIAL PRESSURE RELIEF VALVE		CHECK VALVE 1		CHECK VALVE 2		DCVA, DCVAF, SCVAF CHECK VALVE 1		CHECK VALVE 2		PVB 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			DATE			SIGNATURE						DATE		
FOR OFFICE USE ONLY	TESTING FREQUENCY <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		ADMINISTRATOR'S SIGNATURE		DATE									