Print | Reset Form | MULTIPLE SIGNATURE CLICK HERE | PLEASE TYPE IN ALL CAPS

TORONTO Building

# SDHW Backflow Prevention Device Test Report

This site review report may be sent directly to an inspector or faxed directly to the **District Inspection Office**.

| | | | | | |
|---|---|---|---|---|---|
| ☐ North York | 416-696-4179 | ☐ Toronto and East York | 416-696-4151 | Date (Day / Month / Year) | Permit No. |
| ☐ Scarborough | 416-696-4166 | ☐ Etobicoke York | 416-696-4169 | | |

***Upon completion of the installation of the Domestic Hot Water Solar System the reduced pressure principle backflow preventer device (RP BFP) must be tested by a Certified Backflow Prevention Tester in accordance with the CSA B 64 standard requirements. The test report must be submitted to the Toronto Building inspector.***

## Project Location

| Street No. | Street Name | Unit No. |
|---|---|---|
| | | |

## Device Information

| BFP Device Serial Number | BFP Make | BFP Device Model Number |
|---|---|---|
| BFP Device Size | BFP Device Install Date | Location Of The Backflow Prevention Device |

## Tester Information

| Name of The Certified Tester | Business Name (If contractor) | Tester's OWWA Number |
|---|---|---|
| | | |

| Street No. and Name | Apt./Unit No. |
|---|---|
| | |

| City | Province | Postal Code | Area Code and Telephone No. |
|---|---|---|---|
| | | | |

| Make of The Test Kit | Model Number | Serial No. | Date of Last Calibration |
|---|---|---|---|
| | | | |

## Test Information

| Type Of Test | Type Of Device | Hazard Level |
|---|---|---|
| ☐ Initial ☐ Annual ☐ Repair | ☐ RP ☐ DCVA ☐ PVB | ☐ Severe ☐ Moderate |

### Test

| RP Assembly | Check Valve 1 | Check Valve 2 | DCVA (1 psi water column test in direction of flow) | |
|---|---|---|---|---|
| | | | Check Valve 1 | Check Valve 2 |
| ☐ Relief Valve Failed to open | ◯ Leaked | ◯ Leaked | ◯ Leaked | ◯ Leaked |
| | ◯ Closed Tight | ◯ Closed Tight | ◯ Closed Tight | ◯ Closed Tight |
| Pressure Differential Across 1st Check Valve (No Flow): A | | Psi/ Kpa | Spring Tension Loss Differential: psid | Spring Tension Loss Differential: psid |
| Opened, Opening Point Of Relief Valve (2 Psi Or Greater): B | | Psi/ Kpa | | |
| Buffer (3 Psi Or Greater) A – B = C C | | Psi/ Kpa | | |

| PVB Assembly | | Shut Off Valves | |
|---|---|---|---|
| Air Inlet Valve | Check Valve | # 1 | # 2 |
| ◯ Leaked | ◯ Failed to open | ◯ Leaked | ◯ Leaked |
| ◯ Closed Tight | ◯ Opened | ◯ Closed Tight | ◯ Closed Tight |

| Static Inlet Line Pressure At The Time Of Test | Psi/ Kpa | Test Result | ◯ Passed ◯ Failed |
|---|---|---|---|
| Remark | | Test Date | |

### 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) | ☐ Relief Valve | ☐ Check Valve #1 | ☐ Check Valve #2 | ☐ Shut Off Valve |
| Check Applicable Repair | ☐ Cleaned ☐ Replaced ☐ Disc | ☐ Spring ☐ Diaphram | ☐ Seat ☐ Guide | ☐ O-Ring ☐ Repair Kit |

### Re-Test

| RP Assembly | Check Valve 1 | Check Valve 2 | DCVA (1 psi water column test in direction of flow) | |
|---|---|---|---|---|
| | | | Check Valve 1 | Check Valve 2 |
| ☐ Relief Valve Failed to open | ◯ Leaked | ◯ Leaked | ◯ Leaked | ◯ Leaked |
| | ◯ Closed Tight | ◯ Closed Tight | ◯ Closed Tight | ◯ Closed Tight |
| Pressure Differential Across 1st Check Valve (No Flow): A | | Psi/ Kpa | Spring Tension Loss Differential: psid | Spring Tension Loss Differential: psid |
| Opened, Opening Point Of Relief Valve (2 Psi Or Greater): B | | Psi/ Kpa | | |
| Buffer (3 Psi Or Greater) A – B = C C | | Psi/ Kpa | | |

| PVB Assembly | | Shut Off Valves | |
|---|---|---|---|
| Air Inlet Valve | Check Valve | # 1 | # 2 |
| ☐ Leaked | ☐ Failed to open | ☐ Leaked | ☐ Leaked |
| ☐ Closed Tight | ☐ Opened | ☐ Closed Tight | ☐ Closed Tight |

| Static Inlet Line Pressure At The Time Of Test | Psi/ Kpa | Test Result | ◯ Passed ◯ Failed |
|---|---|---|---|
| Remark | | Test Date | |

I certify that the above device has been tested in accordance with the City Of Toronto Water Supply By-law, Municipal Code Chapter 851 and CSA Standard B64.10.1-01 – Manual for The Maintenance & Field Testing ff Backflow Prevention Devices.

| Signature Of The Certified Tester | Date | Signature of The Owner | Date |
|---|---|---|---|
| | | | |

The personal information on this form is collected under the authority of the City of Toronto Act , 2006, s. 136(c), By-law 1163-2007, and Chapter 851 of the Toronto Municipal Code.