

# 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.

Please email the completed Test Report to: **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

## Section 1 – 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 2 – Property Owner or Agent

First Name (or Company 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 3 – Certification

I certify that the device has been tested in accordance with Municipal Code Chapter 851 (Water Supply By-law).	
Certified Tester Signature	Date (yyyy-mm-dd)
Property Owner or Agent Signature	Date (yyyy-mm-dd)

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## Section 4 – Tester Information

Certified Tester Name		Tester CCC Certification Number
Tester Business Name		Telephone Number
Tester Address (Street Number and Name, Suite/Unit Number, City/Town)		
Test Kit Serial Number	Test Kit Model Number	Test Kit Manufacturer
Calibration Expiry Date (yyyy-mm-dd)		

## Section 5 – 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)	
Building Permit Number for New Installations/Replacements			

## Section 6 – Backflow Testing ☐ Test ☐ Re-test

If the device failed during initial testing, please note the repairs in the remarks below and complete this section with the re-test results.

### 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)