



Water and Waste Department • Service des eaux et des déchets

BACKFLOW DEVICE TEST REPORT

Site Information	Contact	_____
	Company	_____
	Street Address	_____
	City, Province	_____
	Postal Code	_____
	Phone / Fax #	_____
	Email	_____

Owner Information	Contact	_____
	Company	_____
	Street Address	_____
	City, Province	_____
	Postal Code	_____
	Phone / Fax #	_____
	Email	_____

Device Information		Existing	Replaced	New	Permit #:
	Serial #				_____
	Manufacturer				Water Meter #:
	Model #				_____
	Type of Assembly (RP, DCVA, PVB)				Meter Reading:
	Size (inches)				_____
	Location of Assembly				
Type of Equip. Protected				Pass	Fail

Test Information	RP Device	1st Check (A)	2nd Check	Relief Valve (B)	Buffer (A-B=C)	
	Initial Test Date (mm-dd-yy):	Press. Drop _____ psi		Opened at _____ psi	_____ psi	
	Line Press. _____ psi	Closed Leaked	Closed Leaked			
	Test After Repair Date (mm-dd-yy):	Press. Drop _____ psi		Opened at _____ psi	_____ psi	
	Line Press. _____ psi	Closed Leaked	Closed Leaked			
	DCVA Device	1st Check	2nd Check	PVB Device	Air Inlet	Check Valve
	Initial Test Date (mm-dd-yy):	Closed Leaked	Closed Leaked	Initial Test Date (mm-dd-yy):	Opened at _____ psi	Closed Leaked
	Line Press. _____ psi			Line Press. _____ psi	Did not open	
	Test After Repair Date (mm-dd-yy):	Closed Leaked	Closed Leaked	Test After Repair Date (mm-dd-yy):	Opened at _____ psi	Closed
	Line Press. _____ psi			Line Press. _____ psi		

Licensed Tester	Licence #	_____
	Tester Name	_____
	Test Kit Serial #	_____
	Calibr. Expiry Date	_____
	Company	_____
	Phone #	_____

Comments / Maintenance / Repairs

I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted. This information meets the requirements under By-Law 107/2015.

I accept **Date:** **Name:**