Compliance Division

224 Grand River Avenue
Brantford, Ontario, N3T 4Y8
Phone: 519-759-4150 ext. 5227
Fax: 519-753-9775
Email: backflow@brantford.ca

APPENDIX D

Backflow Prevention Device Inspection and Testing Report

To be completed clearly & submitted by fax or mail within 14 days of test to:
Compliance Division, Environmental Services
224 Grand River Avenue, Brantford ON N3T 4Y8

Facility Information

Building Address: _____ Postal _____
Owner: _____ Phone _____
Owner's Address: _____ Postal _____
Occupant: _____ Phone _____
Contact Name: _____ Phone _____

Tester Information

Name: _____ Phone _____
Address: _____ Postal _____
Certificate Number: _____ Test Gauge Serial Number _____
Date Last Calibration: _____

Device Information

Date of Test _____/_____/20_____ (DD/MM/YYYY)

Location (room/floor/serving equip/etc.) _____

Type of Assembly ☐ RPZ ☐ DCVA ☐ PVB Replaces Serial # _____
Make _____
Model _____ Line Pressure_____ PSI
Serial Number _____ Size_____

Premise Isolation Device? ☐ Yes ☐ No
DeviceTagged? ☐ Yes ☐ No

Test Information - Type of Test ☐ *Initial* ☐ *Annual* ☐ *Re-test* ☐ *Passed* ☐ *Failed*

Reduced Pressure Principle Assembly

Check Valve #1
☐ Leaked
☐ Closed Tight
Press. Diff. #1 Check _____ psi

Check Valve #2
☐ Leaked
☐ Closed Tight
Press. Diff. #2 Check _____ psi

Differential Press. Relief Valve
☐ Failed to Open
☐ Opened at _____ psi

Shut off Valve #2
☐ Leaked ☐ Closed Tight

Pressure Vacuum Breaker
Air Inlet Valve
☐ Failed to Open

☐ Opened at _____ psi
Check Valve
☐ Leaked
☐ Closed Tight

Press. Diff. Across Check _____ psi

Double Check Valve Assembly

Check Valve #1 ☐
☐ Leaked
☐ Closed Tight
Press. Diff. #1 Check _____ psi

Check Valve #2 ☐
☐ Leaked
☐ Closed Tight
Press. Diff. #2 Check _____ psi

Shut off Valve #2
☐ Leaked ☐ Closed Tight

If device fails tests for any reason please comment in space provided below

_____
_____
_____
_____
_____
_____
_____

I certify that I have tested the above assembly in accordance to the City of Brantford Backflow Prevention Bylaw Number 649.
Tester's Signature _____ ***Date*** _____/_____/20_____

NOTE: ***Submit one report per device.***