



**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\_\_\_\_

Location (room/floor/serving equip/etc.) _____	
Type of Assembly    ___ RPZ    ___ DCVA    ___ PVB	Line Pressure _____ PSI
Make _____	Size _____
Model _____	
Serial Number _____	Device Tagged?    ___ Yes    ___ No

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

<b>Reduced Pressure Principle Assembly</b>		
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		<b>Pressure Vacuum Breaker</b> Air Inlet Valve ___ Failed to Open ___ Opened at _____ psi Check Valve ___ Leaked ___ Closed Tight Press. Diff. Across Check _____ psi

<b>Double Check Valve Assembly</b>	
Check Valve #1 ___ Leaked ___ Failed to Open ___ Closed Tight ___ Opened at _____ psi Press. Diff. #1 Check _____ psi Shut off Valve #2 ___ Leaked    ___ Closed Tight	Check Valve #2 Differential Press. Relief Valve ___ Leaked ___ Closed Tight Press. Diff. #2 Check _____ psi

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

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**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.**