

PVB / SRPVB Backflow Prevention Device Test Report

To be submitted by the Qualified Person representing the Person(s) of an Industrial, Commercial, Institutional, or Multi-Residential building. All tests must be conducted by a qualified person as stated under 1020.1.20 of Municipal Code Chapter 1020. All bypasses or parallel arrangements must have the same level of protection as the main water service line which is being bypassed.

Facility Address:			Property Owner Name:		Owner Phone #:
Is this BFP Device for Premise Isolation ? <input type="checkbox"/> Yes <input type="checkbox"/> No			Property Owner Address:		Owner Email:
Is this an internal Water Service line branch connection, or an exterior Hose Bib Connection? <input type="checkbox"/> Int. <input type="checkbox"/> Ext.	Is this BFP Device on a Fire System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Water Meters at this Facility: _____			
Is there a Bypass Line around the water meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Is the bypass line protected with a BFP device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of BFP devices for premise isolation:		Water Meter Account #:	

Certified Tester Name:		Business Name		Business Address:	
Tester's OWWA #	Test Kit Manufacturer:	Test Model Kit #:	Test Kit Serial #:	Calibration Expiry Date:	Tester Phone #:
BFP Device Serial #:	Specific Location of BFP Device	BFP Device Manufacturer:	Device Model #:	BFP Device Install Date:	Pipe Size:
Type of Device: <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB	Device Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Type of Test: <input type="checkbox"/> Annual <input type="checkbox"/> New Installation	Installed By (Company Name):	Hazard Level: <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Service (Check): Lead () Plastic () Copper () Iron () Galvanized ()					

Initial Test - PVB / SRPVB		Test After Repair - PVB / SRPVB	
Air Inlet Valve	Check Valve	Air Inlet Valve	Check Valve
<input type="checkbox"/> Opened @ _____ psi/kpa above atmospheric	<input type="checkbox"/> Closed tight @ _____ psi/kpa	<input type="checkbox"/> Opened @ _____ psi/kpa above atmospheric	<input type="checkbox"/> Closed tight @ _____ psi/kpa
<input type="checkbox"/> Failed to open <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Failed to open <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Failed to open <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Failed to open <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Static Inlet Line Pressure at Time of Test: _____ psi/kpa		Test Result: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Remarks: _____
		Test Date (mm/dd/yyyy)	

The attending Certified Backflow Specialist must complete this report in full. An incomplete report will be rejected.

I certify that the above device has been tested in accordance with the City of Orillia Drinking Water System, Municipal Code Chapter 1020 and CSA Standard B64.10.1-11-Manual for the maintenance and field testing of backflow prevention devices.			
Signature of Tester:	Date Signed:	Signature of Owner:	Date Signed: