



RP & DCVA 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. This test report form is for **PREMISE ISOLATION ONLY** and 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. In addition, the City requires a **BUILDING PERMIT** to be obtained before any Backflow Prevention installations begin.

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: Will be used for future notices
Is there a Branch Connection, Hose Connection , or a Split between the Water Meter & the BFP Device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this BFP Device on a Fire System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Water Meters at this Facility: _____		Optional	
Is there a Bypass Line around the water? <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 <input type="checkbox"/> N/A		Number of BFP devices for premise isolation:		Water Meter Account #:

Certified Tester Name:		Business Name:		Business Address:	
Tester's OWWA #:	Test Kit Manufacturer:	Test Kit Model #:	Test Kit Serial #:	Calibration Expiry Date:	Tester Phone #:
BFP Device Serial #:	Specific Location of BFP Device:	BFP Device Manufacturer:	BFP Device Model #:	BFP Device Size:	Device Install Date:
Type of Device: <input type="checkbox"/> RP <input type="checkbox"/> DCVA	Device Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Type of Test: <input type="checkbox"/> Annual <input type="checkbox"/> New Install		Hazard Level: <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Device Test Tag #:

Have there been any modifications or additional equipment added to the plumbing system since the last submitted cross-connection inspection report? Yes No Unknown (If Yes or Unknown, please complete and submit a Cross-connection inspection report.)
Does the backflow prevention device currently installed conform to the CAN/CSA B64 standard for premise protection? Yes No Unknown (If No or Unknown, please complete and submit a Cross-connection inspection report.)

Test	Shut-off Valves (Applies to All)		RP			DCVA	
	Shut-off #1	Shut-off #2	Relief Valve	Check Valve #1	Check Valve #2	Check Valve #1	Check Valve #2
			<input type="checkbox"/> Failed to open <input type="checkbox"/> Opened	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Pressure Differential Across 1 st Check Valve (No flow) _____ psi			Spring Tension Loss Differential _____ psi		Spring Tension Loss Differential _____ psi
		Opening Point of Relief Valve (2 Psi or Greater) _____ psi					
		Pressure Differential Across 2 nd Check Valve (No flow) _____ psi					
		Buffer Between 1 st Check Valve & Relief Valve Discharge _____ psi					
Static Inlet Line Pressure at Time of Test: _____ psi			Test Result: <input type="checkbox"/> Passed <input type="checkbox"/> Failed		Test Date (mm/dd/yyyy)		

Test reports must be fully completed before submission. Test reports will be rejected for any missing or incomplete information.

NOTES:	Optional
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: (mm/dd/yyyy) _____