



NEW WATERMAIN & HYDRANT BACKFLOW PREVENTER TEST AND INSPECTION REPORT

PLEASE EMAIL COMPLETED TEST REPORTS TO BACKFLOW@VAUGHAN.CA

REPORT WILL BE RETURNED IF ANY INFORMATION IS MISSING

SECTION 1 – CONTRACTOR / PROPERTY OWNER INFORMATION		
Name	Company Name	
Address		Postal Code
Email	Telephone	
Job Number / Title		
SECTION 2 –TESTER INFORMATION		
Qualified Person Name	CCC Certification #	
Qualified Company Name and Telephone		
Test Kit Model	Test Kit Manufacturer	
Test Kit Serial #	Calibration Expiry Date (mm/dd/yyyy)	
SECTION 3 – SYSTEM & BACKFLOW INFORMATION		
Hydrant Location or Identification #	Water Meter Serial #	Initial Reading (m ³)
Is Backflow Located in a Chamber? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is water source being used during freezing conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES : Is water source, meter and backflow protected with a temporary source of heat? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Test Type: <input type="checkbox"/> Initial <input type="checkbox"/> Replaces Serial # _____ <input type="checkbox"/> Relocation		
Manufacturer	Model #	
Size (mm / inch)	Serial #	
Is there an unprotected branch, hose, or a split between the water meter and backflow device? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES , Please Specify:		



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SECTION 4 – BACKFLOW TESTING

IF DEVICE FAILED DURING TESTING, NOTE THE REPAIRS IN THE SECTION BELOW AND **COMPLETE THE RETEST SECTION WITH THE RETEST RESULTS**

RP		TEST DATE (mm/dd/yyyy) _____	RESULT		STATIC LINE PRESSURE: _____ PSI
			<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
TEST RESULTS	SHUT OFF VALVE # 2	RELIEF VALVE	CHECK VALVE # 1	CHECK VALVE # 2	AIR GAP MAINTAINED?
	<input type="checkbox"/> LEAKED	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> YES
	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> NO
	PRESSURE DIFFERENTIAL ACROSS CHECK VALVE # 1				(A) _____ PSI
	PRESSURE DIFFERENTIAL ACROSS CHECK VALVE # 2				_____ PSI
OPENING POINT OF RELIEF VALVE				- (B) _____ PSI	
BUFFER A – B = C				(C) _____ PSI	

RP		RETEST DATE (mm/dd/yyyy) _____	RESULT		STATIC LINE PRESSURE: _____ PSI
			<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
RETEST RESULTS	SHUT OFF VALVE # 2	RELIEF VALVE	CHECK VALVE # 1	CHECK VALVE # 2	AIR GAP MAINTAINED?
	<input type="checkbox"/> LEAKED	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> YES
	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> NO
	PRESSURE DIFFERENTIAL ACROSS CHECK VALVE # 1				(A) _____ PSI
	PRESSURE DIFFERENTIAL ACROSS CHECK VALVE # 2				_____ PSI
OPENING POINT OF RELIEF VALVE				- (B) _____ PSI	
BUFFER A – B = C				(C) _____ PSI	

COMMENTS/REPAIR NOTES (NOTE ANY PARTS REPLACED / CLEANED)

I HEREBY DECLARE THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CERTIFY THAT I HAVE TESTED THE ASSEMBLY ABOVE IN ACCORDANCE TO THE CITY OF VAUGHAN BY-LAW AS AMENDED AND CAN/CSA-B64 STANDARD.

CERTIFIED TESTER SIGNATURE _____ DATE (mm/dd/yyyy) _____

THE PERSONAL INFORMATION COLLECTED HEREIN IS SUBJECT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT. THE INFORMATION IS COLLECTED UNDER THE AUTHORITY OF THE CITY OF VAUGHAN BY-LAW AND MAY BE USED FOR THE ENFORCEMENT AND ADMINISTRATION OF THE BY-LAW AND WILL BE STORED BY THE CITY FOR SUCH PERIOD OF TIME WHICH FACILITATES THE ENFORCEMENT AND ADMINISTRATION OF THE BY-LAW. COMPLETION OF THIS FORM CONSTITUTES CONSENT BY THE OWNER/TENANT TO THESE TERMS AND USES, UNLESS OTHERWISE MODIFIED OR REVISED IN WRITING AND DELIVERED TO THE DIRECTOR OF ENVIRONMENTAL SERVICES FOR THE CITY OF VAUGHAN.