



Compliance Division
 224 Grand River Avenue
 Brantford, Ontario, N3T 4Y8
 Phone: 519-759-4150 ext. 5127
 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 _____
Owner Email: _____	Check for Email Notification

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 <input type="checkbox"/> RPZ <input type="checkbox"/> DCVA <input type="checkbox"/> PVB	Replaces Serial # _____
Make _____	Premise Isolation Device? <input type="checkbox"/> Yes <input type="checkbox"/> No
Model _____	Line Pressure _____ PSI
Serial Number _____	Size _____
	Device Tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Reduced Pressure Principle Assembly

Check Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press. Diff. #1 Check _____ psi	Check Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press. Diff. #2 Check _____ psi	Differential Press. Relief Valve <input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened at _____ psi
Shut off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Buffer _____ psi	

Pressure Vacuum Breaker
Air Inlet Valve <input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened at _____ psi
Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight
Press. Diff. Across Check _____ psi

Double Check Valve Assembly

Check Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press. Diff. #1 Check _____ psi Shut off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Check Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press. Diff. #2 Check _____ psi
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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.