



# BACKFLOW PREVENTION DEVICE TEST REPORT

City of Hamilton  
 Backflow Prevention Program  
 330 Wentworth Street North  
 Hamilton Ontario L8L 5W2

Date Test Completed : MM/DD/YY \_\_\_\_\_

For Office Use Only: Date Test Report Received. \_\_\_\_\_ TRN # \_\_\_\_\_

**ALL DEVICES MUST BE TESTED UPON INITIAL INSTALLATION, YEARLY, WHEN REPAIRED OR RELOCATED IN RESPECT TO PREMISE ISOLATION AS PER BY-LAW # 10-103**

|                |          |       |              |               |
|----------------|----------|-------|--------------|---------------|
| Facility Name: | Address: | City: | Postal Code: | Phone Number: |
|----------------|----------|-------|--------------|---------------|

|                             |  |                               |
|-----------------------------|--|-------------------------------|
| Tester's Name: Please Print | City of Hamilton's Backflow Program Contractor Registration Permit Number: | Property Owner Email Address: |
|-----------------------------|--|-------------------------------|

|                                   |                                       |                           |   |
|-----------------------------------|---------------------------------------|---------------------------|---|
| Tester's Cert. No. (OWWA or ASSE) | Make and Model No. of Test Equipment: | Test Equipment Serial No: | Calibration Due Date of Test Equipment:<br>MM/DD/YY |
|-----------------------------------|---------------------------------------|---------------------------|---|

**DOUBLE CHECK VALVE ASSEMBLY (DCVA)**

Is this Device part of a **DOUBLE CHECK DETECTOR ASSEMBLY (DCDA)** Yes  No

|                  |                     |              |          |       |  |                                  |                                  |
|------------------|---------------------|--------------|----------|-------|--|----------------------------------|----------------------------------|
| Device Location: | Device Size (in mm) | Manufacturer | Serial # | Model | Type of Test<br><input type="checkbox"/> Initial <input type="checkbox"/> Annual | Pass<br><input type="checkbox"/> | Fail<br><input type="checkbox"/> |
|------------------|---------------------|--------------|----------|-------|--|----------------------------------|----------------------------------|

List the Device BFP No. as indicated under Water Service Connection from the Cross Connection Survey Acknowledgement Form the Property Owner received: Device No. **BFP**

Line Pressure at Time of Test: PSI City Owned Water Meter: Is there a Bypass  Yes  No Is the Water Meter Bypass Sealed and Tagged Closed:  Yes  No

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>Check Valve No. 1</b>   | <b>Pressure Differential Across No. 1 Check</b> | <b>Shut Off Valve No. 1</b>  | <b>Check Valve No. 2</b>   | <b>Pressure Differential Across No. 2 Check</b> | <b>Shut off Valve No. 2</b>  |
| <input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked | Psi   | Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | <input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked | Psi   | Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> |

IS THIS DEVICE INSTALLED IN ACCORDANCE WITH ALL THE REQUIREMENTS AS OUTLINED IN BY-LAW # 10-103 YES  NO

IF THIS DEVICE TESTED IS NOT INSTALLED IN ACCORDANCE WITH BY-LAW # 10-103 OR THE CAN. CSA B64 STANDARDS LIST THE CORRECTIVE MEASURES REQUIRED BELOW.

COMMENTS:

**ATTENTION PROPERTY OWNER EACH TIME THAT ONE OR MORE OF THE FOLLOWING EVENTS LISTED BELOW OCCUR YOU ARE REQUIRED TO RESUBMIT A CROSS CONNECTION SURVEY OF THE OWNERS PROPERTY AND OF EACH OF THE OWNERS BUILDINGS AND STRUCTURES LOCATED ON THAT PROPERTY WITHIN 30 DAYS TO THE CITY OF HAMILTON'S BACKFLOW PREVENTION PROGRAM.**

- 7.2.1 the hazard level of a Building or Structure on the Property has changed:
- 7.2.2 the ownership of the Property has changed:
- 7.2.3 the circumstances at the Property or the equipment on the property has changed and such change either alters or has the potential to alter the information contained in the most recent Cross Connection Survey Form provided to the City of Hamilton's Backflow Prevention Program:

|                             |                                      |                       |                    |
|-----------------------------|--------------------------------------|-----------------------|--------------------|
| Tester's Company:           | Tester's Address:                    | Tester's Postal Code: | Tester's Phone # : |
| Tester's Signature:         | Tester's Name: Please Print:         |                       |                    |
| Property Owner's Signature: | Property Owner's Name: Please Print: |                       |                    |

**All ORIGINAL Backflow Prevention Device Test Reports must be received within 14 days from date of test and must be mailed or hand delivered. "DO NOT FAX"**