



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:
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Tester's Name: Please Print	City of Hamilton's Backflow Program Contractor Registration Permit Number:	Property Owner Email Address:
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Tester's Cert. No. (OWWA or ASSE)	Make and Model No. of Test Equipment:	Test Equipment Serial No:	Calibration Due Date of Test Equipment: MM/DD/YY
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REDUCED PRESSURE DEVICE (RP)

Is this Device part of a **REDUCED PRESSURE DETECTOR ASSEMBLY (RPDA)** Yes No

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

Check Valve No. 1 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Pressure Differential Across No. 1 Check _____ Psi	Shut Off Valve No. 1 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Check Valve No. 2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Pressure Differential Across No. 2 Check _____ Psi	Shut off Valve No. 2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked
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Pressure Differential Relief Valve <input type="checkbox"/> Opened at _____ Psi	<input type="checkbox"/> Pressure Differential Relief Valve Failed to Open	Enter Buffer _____ Psi
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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 STANDARD'S LIST THE CORRECTIVE MEASURES REQUIRED BELOW.

COMMENTS:

ATTENTION PROPERTY OWNER: EACH TIME THAT ONE OR MORE OF THE FOLLOWING EVENTS LISTED BELOW OCCURS, YOU ARE REQUIRED TO RESUBMIT A CROSS CONNECTION SURVEY OF THE OWNERS PROPERTY AND OF EACH OF THE OWNER'S 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"