



BACKFLOW PREVENTION BY-LAW 2007-142

CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

MAILING ADDRESS:
 WATERWORKS DEPARTMENT
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ADDRESS OF DEVICE			OCCUPANT			CONTACT			TELEPHONE NUMBER										
OWNER			ADDRESS OF OWNER			POSTAL CODE			TELEPHONE NUMBER										
SERIAL NUMBER		MAKE		MODEL		SIZE		INSTALL DATE YYYY MM DD		BUILDING									
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____						LOCATION OF ASSEMBLY (i.e. ROOM NUMBER)													
TESTER'S CERTIFICATION NUMBER			TESTER'S EQUIPMENT NUMBER			TESTER'S NAME			TELEPHONE NUMBER										
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE			FAX NUMBER										
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACES SERIAL # _____						TYPE OF DEVICE <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB													
T E S T	RP		CHECK VALVE 2		CHECK VALVE 1		DCVA		PVB ASSEMBLY		SHUT OFF VALVES								
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		CHECK VALVE 1 CHECK VALVE 2		AIR INLET VALVE CHECK VALVE		# 1 # 2								
	PRESSURE DIFFERENTIAL ACROSS 1 st CHECK VALVE (no flow) A _____ Psi kPa			<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT			<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT			<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> LEAKED		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED							
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psi kPa			BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa			<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT			<input type="checkbox"/> OPENED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED							
	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ KPa Psi			TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			TEST DATE YYYY MM DD												
R E P A I R	If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.																		
	CHECK APPLICABLE VALVE(S)		<input type="checkbox"/> RELIEF VALVE		<input type="checkbox"/> CHECK VALVE # 1		<input type="checkbox"/> CHECK VALVE # 2		<input type="checkbox"/> AIR INLET VALVE		<input type="checkbox"/> SHUT OFF VALVE								
CHECK APPLICABLE REPAIR		<input type="checkbox"/> CLEANED; REPLACED		<input type="checkbox"/> DISC		<input type="checkbox"/> SPRING		<input type="checkbox"/> DIAPHRAGM		<input type="checkbox"/> SEAT		<input type="checkbox"/> GUIDE		<input type="checkbox"/> O-RINGS		<input type="checkbox"/> POPPET		<input type="checkbox"/> REPAIR KIT	
R E T E S T	RP ASSEMBLY		CHECK VALVE 2		CHECK VALVE 1		DCVA		PVB ASSEMBLY		SHUT OFF VALVES								
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		CHECK VALVE 1 CHECK VALVE 2		AIR INLET VALVE CHECK VALVE		# 1 # 2								
	PRESSURE DIFFERENTIAL ACROSS 1 st CHECK VALVE (no flow) A _____ Psi kPa			<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT			<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT			<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> LEAKED		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED							
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psi kPa			BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa			<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT			<input type="checkbox"/> OPENED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED							
	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ KPa Psi			RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			RETEST DATE YYYY MM DD												
I hereby declare that the information provided herein is true and certify that I have tested the above assembly in accordance to the Town of Markham By-Law 2007-142 as amended and CAN/CSA-B64. 10-01						SIGNATURE OF OWNER/TENANT			REMARKS/COMMENTS										
Signature of Certified Tester _____ Date YY MM DD WHITE - Markham YELLOW - Tester PINK - Occupant or Owner						DATE													
FOR OFFICE USE ONLY		TESTING FREQUENCY <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		INSPECTOR'S SIGNATURE		DATE													

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 Town of Markham By-Law 2007 - 142 and may be used for the enforcement and administration of the By-law, and will be stored by the Town for such period of time which facilitates the enforcement and administration of the By-Law. Completion of this form constitutes consent by the owner, tester and/or surveyor to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Operations for the Town of Markham.