

# BACKFLOW PREVENTION PROGRAM ONLINE SERVICES

## Qualified Persons User Guide

Backflow Prevention Program Online Services

### HOME PAGE

Please select your category.



Facility Owners



Qualified Person Registration  
Application



Registered Qualified Persons



Submit a  
Backflow Preventer Test &  
Inspection Report



Submit a  
Cross Connection Control  
Survey Report



Submit a  
Device Upgrade  
Implementation Report

**No charge for using the  
Backflow Prevention  
Program website to  
submit reports**

## NEW Website - Backflow Prevention Program Online Services

The website allows a **Qualified Person** to register with the City using the **Qualified Person Registration Application** function and make submissions using the **Registered Qualified Persons** function.

**Qualified Person** submissions can be done using the online **Submit a Backflow Preventer Test & Inspection Report**, online **Submit a Cross Connection Control Survey Report** and online **Submit a Device Upgrade Implementation Report**.

The website can accept changes to the list of backflow devices recorded in the City's database for specific facilities, such as a device replacement or a newly installed device.

After each successful report submission, you will immediately receive a confirmation email. Once your submission is processed by the City, an **acceptance** or **submission denied** email will be sent to you and the property owner (i.e. your client).

The website is a fast, easy and secure method of submitting required reports under Markham's Backflow Prevention Program. Since most of the forms auto-populate from City records, it's more convenient than ever! The website is available 24/7 and has data verification functions that will catch some input errors during the submission process. Your registration status will be validated when you log into the website. In the event of an expired certificate, please scan the renewed certificates as a PDF and upload it to the website.

Access this NEW service by visiting [www.markham.ca](http://www.markham.ca) and following the path:  
[Online Services](#) > [Utilities](#) > [Backflow Prevention Program](#)



# Registered Qualified Persons Validation

You are required to log in and confirm your current registration before making online submissions.



## 1. Website Login

Each registered **Qualified Person** is issued a **Login** by the City via mail or email. Use this information to access the website. If you did not receive your login information, please contact the City by email or phone to obtain your account information.

Account ID	<input type="text"/>
Certification No.	<input type="text"/>

## 2. Current Registration Information

After you log in, a list of all your certificates recorded in the City's database will appear.

If any of your certificates have expired, your registration will be automatically suspended and you will not be able to submit reports. You may submit your renewed certificates in PDF format and/or provide comments related to your current registration. Your registration will take 1-2 business days to be reinstated.

Current Registration Information	
Dear John Doe	
Your current registration documentation with Markham are listed below:	
<b>A. Company's Plumbing Contractor License:</b>	
1. Plumbing Contractor License No.	77272772
2. Plumbing Contractor License Expiry Date:	Mar 18, 2015
3. Is this Certificate expired?	No
<b>B. Liability Insurance Certificate:</b>	
1. Insurance Company Name:	Insurance 101
2. Insurance Policy No.:	123123123
3. Insurance Policy Expiry Date:	Jul 17, 2015

Your current registration webpage can be printed for your reference.

# Submit a Cross Connection Control Survey Report

## 1. Facility ID & Survey Date

You must enter the **Facility ID** where the survey was performed (obtained from the property owner). Please verify the accuracy of the facility address.

<b>1. Facility ID</b>
Please enter the Facility ID below (Note: you can get this Facility ID from the property owner, who contracted you for this survey job):
* Facility ID: <input type="text" value="13838"/> <a href="#">Check Facility ID</a>
<b>Facility Address</b>
<input type="text" value="1 Town Centre Blvd"/>

<b>Facility Contact Person's Name:</b>	Mr Steve Samad
<b>Company:</b>	XYZ Inc.
<b>Phone:</b>	(905) 123-4567
<b>Email:</b>	xyz@hotmail.com
<b>Date of Survey:</b>	Dec 22, 2014

Enter the facility contact person information - this is the person who is aware of your survey. Enter the date when the survey was conducted.



## 2. Facility Water Use Information

Provide information related to water use in the specified facility. Any additional information not listed on this page may be provided under the **Comments** section.

<b>4. Facility Water Use Information</b>	
1) Please select the facility's water use type(s). (Note: You may select more than one type)	
* Water Use Type(s):	<input type="checkbox"/> Industrial <input type="checkbox"/> Multi-Residential <input type="checkbox"/> Institutional
	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Multi-Business <input type="checkbox"/> Other:
2) Please indicate the overall hazard level of the facility:	
Overall hazard level of the facility:	Mod
3) Please indicate the size and location of the water meter:	
* Size:	2" <input type="text"/>
* Location:	Meter Room <input type="text"/>
4) Please indicate the total number of buildings and businesses in the facility. If the facility has need to survey each of them and provide a brief description of each building or each business is	
* Total No. of Buildings	2 <input type="text"/>
* Total No. of Business	2 <input type="text"/>

Logout

Current Registration

Facility ID & Survey Date

Facility Water Use Information

Premise Isolation(s)

Area, Zone or Source Isolation(s)

Confirmation of Survey Report

Survey Report Submission Received

Backflow Prevention Program Online Services - REGISTERED QUALIFIED PERSONS

[Submit a Cross Connection Control Survey Report](#)

### 3. Premise Isolation(s)

Provide all information on premise isolation(s) within the facility.

To add a **Premise Isolation** item, click  in the bottom left corner of the table. To remove a **Premise Isolation** item, click  in the bottom left corner of the table. To edit an existing item, click  in the bottom left corner of the table.

If no premise isolation is required for that facility, select the **No Premise Isolation** field.

If you identified any premise isolations or if you recommend to install any premise isolations, please add those premise isolation items in the following table.

If no premise isolation was found or no premise isolation is required, please select "No Premise Isolation".

No Premise Isolation

Type of Premise Isolation	Hazard Level	Location of Device	Existing Protection Type	Serial No.	Date of Last Test	Existing Protection Acceptable?	Recom'd Upgrade Type	Comments
Domestic	Mod	Meter Room	DCVA	123456	Dec 15, 2014	Yes		

### 4. Area, Zone or Source Isolation(s)

Provide all information on area, zone or source isolation(s) within the facility. To add an **Area, Zone or Source Isolation** item, click  in the bottom left of the table. To remove an **Area, Zone, or Source Isolation** item, click  in the bottom left corner of the table. To edit an existing item, click  in the bottom left corner of the table.

If no cross connection exists in that facility, select the **No Cross Connection** field.

If you found any cross connections and identified any area, zone or source isolation(s) or if you recommend to install any area, zone or source isolation(s), please add those items in the following table.

If no cross connection was found, please select "No Cross Connection".

No Cross Connection

Business or Business Description	Hazard Level	Location of Cross Connection	Existing Protection Type	Serial No. (enter N/A if not applicable)	Date of Last Test	Existing Protection Acceptable?	Recom'd Upgrade Type	Comments
Business A	Mod	Irrigation System	HCVB	12345		No	PVB	
Business B	Mod	Pressure Washer	AVB	34567		No	DCVA	

### 5. Confirmation of a Survey Report

Before you submit the **Survey Report**, confirm all entered data. To edit the existing information, use the navigation bar located at the top to revise the corresponding information on the page.

Enter your email address to receive an electronic confirmation of the submission.

**Confirmation of A Survey Report**

Please review the Cross Connection Control Survey Report you just entered and confirm your submission.

**Cross Connection Control Survey Report**

Qualified Person: John Doe      OWWA Cert. No. : 588  
 Company: ABC Company      Phone No. : (905) 765-4321

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**1. Facility ID**

Facility ID: 13838  
 Facility Address: 1 Town Centre Blvd      Facility Address 2:

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**2. Facility Contact**

Name: Mr. John Lau      Company: Ontario 12345 Ltd  
 Phone: (905) 477-7000      Fax: (905) 477-7222  
 E-mail: jlau@hotmail.ca

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**3. Survey Date**

Date of Survey: Jan 2, 2015

The current webpage can be printed for your reference.

# Submit a Backflow Preventer Test & Inspection Report



## 1. Test Kit & Facility ID

All **Test Kits** you registered with the City will be listed. Select the **Test Kit** used for the **Backflow Preventer Test Report** that you are submitting.

Enter the **Facility ID** where the test was performed. You can get this **Facility ID** from the property owner (i.e. your client). Please verify the accuracy of the facility address.

**Test Kit & Facility ID**

Qualified Person's Name: James Bond

**A. Backflow Preventer Testing Equipment**

Please select the test equipment used for this testing.

Kit	Make	Model	Serial No.	Select
1	Watts	AB4321	012312	<input type="radio"/>
2	ISO	AGR140	098765	<input type="radio"/>

**B. Facility Information**

Please enter the Facility ID below (Note: you can get this Facility ID from the property owner, who contracted you for this device upgrade job):

\* Facility ID:

Enter the information of the facility contact person who is aware of your **Device Test**.

(\*\* indicates required fields.)

\* Facility Contact Person's Name:

\* Company:

\* Phone:  Fax:

\* Email:

## 2. Device Selection

The website will list all testable backflow devices in the selected facility, which are recorded in the City's database. Select one device at a time to submit its **Test Report**. Please notify the City of any changes or corrections under the **Comments** section.

List of the Facility's Backflow Devices in the City of Markham's Database

Make	Model	S/N	Size	Type	Location	Select
Watts	007	9999	2"	DCVA	Boiler Room	<input type="radio"/>
Watts	007M1	54321	1"	DCVA	Meter Room	<input type="radio"/>
Watts	007M1	12345	3/4"	DCVA	testing area	<input type="radio"/>
Apollo/Conbraco	PVB	444444	1 1/2"	PVB	South Park	<input type="radio"/>
ARI	RP 500	No.	1 3/4"	PVB	Basement	<input type="radio"/>
Wilkins/Zurn	375RP	222222	2"	RP	East Boiler Room	<input type="radio"/>
Apollo/Conbraco	SVB	333333	1/4"	SVB	West Park	<input type="radio"/>

## Device Replacement

If the **Test Report** is for the replacement of a backflow preventer, ensure the backflow preventer is selected before clicking the **Replacement** button. Once selected, provide information for the replacement backflow preventer.

**Device Replacement Information**

Device Type: PVB  
Device Make: ARI  
Device Model: RP 500  
Device Serial No.: No.  
Device Size: 1 3/4"  
Device Location: Basement  
Device Installation Date:   
Device Orientation: Select one  
Protection Type: Select one

## New Device

If a backflow device is not listed in the table, click the **New Device** button. The **New Device** button will be deactivated if any backflow preventer was selected from the table. Provide information for the new backflow preventer.

**New Device Information**

Device Type: Select one  
Device Make:   
Device Model:   
Device Serial No.:   
Device Size: Select one  
Device Location:   
Device Installation Date:   
Device Orientation: Select one  
Protection Type: Select one



Backflow Prevention Program Online Services - REGISTERED QUALIFIED PERSONS

[Submit a Backflow Preventer Test & Inspection Report](#)

### 3. Test Data Entry

Once the backflow preventer is selected, enter its test data.

**D. Test Data Entry**

\* **Test Type:**       \* **Test Date:**

\* **Static Inlet Line Pressure at Time of Test (psi):**  
  
Line pressure should be at least 20 psi.

\* **Air Inlet Valve**  
 Failed to Open     Opened

\* **Check Valve**

**Passed** will be shown when the test data meets all of the criteria. **Failed** will be shown when the test data does not meet all of the criteria. Click the **Next** button to complete the **Repair & Retest Data Entry** form.

### 4. Repair & Retest Data Entry

In the case of a test failure, you must repair the device and enter its retest data.

**E. Repair Entry**

Check Applicable Valve(s):

relief valve       check valve#1       check valve#2

air inlet valve       shut off valve

Check Applicable Repair:

cleaned       replaced       disc

spring       diaphragm       seat

guide       o-rings       poppet

repair kit

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**F. Re-Test Data Entry**

\* **Re-Test Date:**  
  
Re-Test Date should not be earlier than Test Date

\* **Static Inlet Line Pressure at Time of Test (psi):**  
  
Line pressure should be at least 20 psi.

\* **Air Inlet Valve**

### 5. Confirmation of a Test Report

Before you submit the **Test Report**, please confirm that all entered data is correct.

To edit your **Test Report**, use the navigation bar located at the top to revise the corresponding information on that page.

Enter your email address to receive the electronic confirmation of the submission.

### 6. Test Report Submission Received Notification

If your **Backflow Preventer Test Report** submission is successful, the City of Markham – Environmental Services Department will review and process your report. An **acceptance** or **submission denied** email from the City will be sent to you and the property owner (i.e. your client) within a few days.

Backflow Prevention Program Online Services - REGISTERED QUALIFIED PERSONS

[Submit a Backflow Preventer Test & Inspection Report](#)

**Confirmation of A Test Report**

Please review your data entry below and confirm your submission.

**Backflow Preventer Test & Inspection Report**

Qualified Person: John Doe      OWWA Cert. No. : 566

Company: ABC Company      Phone No. : (905) 479-7772

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**A. Backflow Preventer Testing Equipment:**

Make: Apollo , Model: 200-TTT-12345 , Serial No.: 123456

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**B. Facility Information**

Facility ID: 13838

Facility Address: 1 Town Centre Blvd      Facility Address 2:

Facility Contact Person's Name: Mr. John Lau      Company: Ontario 12346 Ltd

Phone: (416) 123-4567      Fax: (416) 123-4444      E-mail: jlau@hotmail.com

The current webpage can be printed for your reference.

# Submit a Device Upgrade Implementation Report

## 1. Facility ID

Enter the **Facility ID** where the device upgrades or installations were performed. You can get the **Facility ID** from the property owner (i.e. your client). Please verify the accuracy of the facility address.

Enter the information of the facility contact person who is aware of the upgrades or installations.

### Facility ID

Qualified Person: John Doe

#### 1. Facility ID

Please enter the Facility ID below (Note: you can get this Facility ID from the property owner, who contracted you for this device upgrade job):

\* **Facility ID:**  Check Facility ID

**Facility Address**

**Facility Address 2**

## 2. List of Outstanding Device Upgrades

The website will display the **Cross Connection Control Survey Report** for the specific facility that has **Device Upgrade** recommendations. The date of the **Cross Connection Control Survey Report** will be displayed on the webpage and the **Survey Report** can be printed or viewed as a PDF. Open the PDF **Survey Report** to verify that your device upgrades are based on the correct **Survey Report**.

The website also lists all of the survey recommendations that the facility hasn't implemented yet. The listing has two tables: one is **Premise Isolation(s)**; the other is **Area, Zone or Source Isolation(s)**.

Date of Cross Connection Control Survey Report (DD/MM/YYYY):  
Nov 01, 2014

Cross Connection Control Survey Report(.pdf):  
[79152006362.pdf](#)

The following Device Upgrades required by the above Cross Connection Control Survey Report need to be implemented

\* **Premise Isolation(s):**

Type of Premise Isolation	Device Location	Hazard Level	Existing Protection Type	Serial No	Date of Last Test	Existing Protection Acceptable? (Y/N)	Recommended Upgrade Type	Comments
Domestic	meter room	High	DCVA	111	Nov 01, 2014	N	RP	

\* **Area, Zone or Source Isolation(s):**

Business Name	Location of Cross Connection	Hazard Level	Existing Protection Type	Serial No.	Date of Last Test	Protection Acceptable? (Y/N)	Recommended Upgrade Type	Comments
Condo 111	Boiler Makeup	High	DCVA	888	Nov 01, 2014	N	RP	
Condo 111	Chiller Makeup	High	SCVA	777	Nov 01, 2014	N	RP	

The **List of Outstanding Device Upgrades** webpage can be printed for your reference.

## 3. Device Upgrade Implementation Report

To report a device upgrade implementation, double click an **Unimplemented** upgrade status row and an **Edit Entry** window will pop-up.

In the **Edit Entry** window, you can change its upgrade status from **Unimplemented** to **Implemented**. Enter all device upgrade information required, including the **Type of Device Upgrade Installed, Date of Implementation, Serial Number, Date of Initial Test**, etc.

All **Unimplemented** items will require an explanation in the corresponding **Comments** field.

All items on the listing should either be implemented or have comments. The website will not let you submit the **Device Upgrade Implementation Report** without these fields being completed.

4. **Premise Isolation(s):**

Upgrade Status	Location of Device	Type of Premise Isolation	Recom'd Upgrade Type	Date of IMP	Type of Device Upgrade Installed	Serial No.	Date of Initial Test	Initial Test Report submitted to the Portal (Y/N)	Comm
Unimplemented	meter room	Domestic	RP						

5. **Area, Zone or Source Isolations**

Upgrade Status	Building or Business Description:	Location of Cross Connection	Recom'd Upgrade Type	Date of IMP	Type of Device Upgrade Installed	Serial No.	Date of Initial Test	Initial Test Report submitted to the Portal (Y/N)	Comments
Unimplemented	Condo 111	Boiler Makeup	RP						
Unimplemented	Condo 111	Chiller Makeup	RP						



Backflow Prevention Program Online Services - REGISTERED QUALIFIED PERSONS  
[Submit a Device Upgrade Implementation Report](#)



## 4. Confirmation of a Device Upgrade Implementation Report

Before you submit the **Device Upgrade Implementation Report**, please confirm that all entered data is correct. To edit your information, use the navigation bar located at the top to revise the corresponding information on the page.

Enter your email address to receive the electronic confirmation of the submission.

## 5. Device Upgrade Report Submission Received Notification

If your **Device Upgrade Implementation Report** submission is successful, the City of Markham – Environmental Services Department will review and process your report. An **acceptance** or **submission denied** email from the City will be sent to you and the property owner (i.e. your client) within a few days.

Backflow Prevention Program Online Services - REGISTERED QUALIFIED PERSONS  
[Submit a Device Upgrade Implementation Report](#)  
**Confirmation of A Device Upgrade Report**

Please review the Device Upgrade Implementation Report you just entered and confirm your submission.

**Device Upgrade Implementation Report**

Qualified Person:	John Doe	OWWA Cert. No. :	566
Company:	ABC Company	Phone No. :	(905) 479-7772

**1. Facility ID**

Facility ID:	13838
Facility Address: 1 Town Centre Blvd	Facility Address 2:

**2. Facility Contact**

Name	Mr. John Lau	Company:	XYZ Inc.
Phone:	(416) 123-4567	Fax:	(416) 123-4555
E-mail:	jlau@hotmail.com		

**3. Date of Corresponding Survey Report**

The current webpage can be printed for your reference.

**The City of Markham asks that all Qualified Persons use the website to submit their reports. Online submissions are processed by the City free-of-charge.**

**Starting August 1, 2015, all submissions made via email, in-person, by fax, or by mail will be subject to administrative fees.**

**These fees will be included in the City of Markham's Fee Bylaw.**

# QUALIFIED PERSON Registration Application

This function allows private contractors to register their employees as **Qualified Persons** with the City of Markham's Backflow Prevention Program by providing the following information.

## 1. Qualified Person's Information

All fields with an asterisk (\*) are mandatory and required for registration.

Backflow Prevention Program Online Services - Qualified Person Registration Application  
**Qualified Person's Information**  
Please enter in the information of the Qualified Person. (\*\* indicates mandatory fields)

\* First Name:  \* Last Name:

Home Phone No.:  Cell Phone No.:

\* E-mail:

Address:

City:  Province:  Postal Code:

\* Type of Qualification:

## 2. Company's Information

All fields with an asterisk (\*) are mandatory and required for registration.



Backflow Prevention Program Online Services - Qualified Person Registration Application  
**Company's Information**  
Please enter in the information of the Qualified Person's Company.

\* Name of Company:

\* Phone No.:  \* Fax No.:

\* E-mail:

\* Address:

\* City:  \* Province:  \* Postal Code:

## 3. Qualified Person's Credentials

It is mandatory to provide all information on the webpage and attach an electronic copy (i.e. PDF) of the 5 certificates. Certificates can be attached through the **Upload PDF** function at the bottom of the page.

Backflow Prevention Program Online Services - Qualified Person Registration Application  
**Qualified Person's Credentials**  
Please complete this section and provide copies of the following 5 Certificates to the City of Markham through the 'Upload PDF' function at the bottom of the page.

1. Business License:  
\* Plumbing Contractor License No.:  \* License Expiry Date:

2. General Liability Insurance Certificate  
\* Insurance Company Name:

\* Insurance Policy No.:  \* Insurance Policy Expiry Date:

Note: The expiry date must be no less than 6 months after the application date.

3. ONWA (or equivalent) Cross Connection Control Tester Certificate  
\* Certificate No.:  \* Certificate Expiry Date:

If more rows are required for the **Backflow Preventer Test Kit(s) Calibration Certificate** table, click + on the bottom left. To remove a row, select the row and click X on the bottom left.

## 4. Confirmation of Qualified Person Registration

Before you submit the **Qualified Person Registration Package**, please confirm that all data is correct. If you wish to edit your form, use the navigation bar located at the top to revise the corresponding information on the page. Enter your email address to receive an electronic confirmation.

Backflow Prevention Program Online Services - Qualified Person Registration Application  
**Confirmation of Qualified Person Registration**  
Please review your data entry below and confirm your submission.

**Qualified Person Registration Package**

1. Qualified Person's Information

First Name:  Last Name:

Home Phone No.:  Cell Phone No.:

E-mail:

Address:

City:  Province:  Postal Code:

Type of Qualification:

The current webpage can be printed for your reference.

## 5. Qualified Person Registration Received

If your **Qualified Person Registration** submission is successful, the City will review and process your registration form. You will receive an approved email from the City and your log-in account for the website will be provided.

Need more information about the Backflow Prevention Program Online Services? Contact us at [backflow@markham.ca](mailto:backflow@markham.ca), 905-475-4862 or visit [www.markham.ca](http://www.markham.ca) (search for "backflow").



This brochure is printed on 100% post-consumer paper (100% recycled) and processed chlorine free.

