



BACKFLOW PREVENTER TEST AND INSPECTION REPORT

Operational Services Tel: (905)727-3123; Email: backflow@aurora.ca
 100 John West Way, Box 1000 Aurora, ON L4G 6J1

This form must be submitted by the Property Owner, or Agent of an Industrial, Commercial, Institutional, or Multi-Residential building. The test and this test report form must be completed by a qualified person in accordance with By-Law 6213-19. In addition, the Town requires a **BUILDING PERMIT** for all new installations and replacements.

This Test Report is for	<input type="checkbox"/> A New Installation	<input type="checkbox"/> A Replacement	<input type="checkbox"/> An Annual Test
Building Permit No. (If Applicable) /Check if Not Applicable <input type="checkbox"/>			

Section 1: Facility Information			
Name			
Facility Address (Street Number and Name, Suite/Unit Number, City/Town)			Postal Code
Type of Isolation:	Premise <input type="checkbox"/>	Zone <input type="checkbox"/>	Source <input type="checkbox"/>
Is this BFP Device on the Water Service Line?	<input type="checkbox"/> Y <input type="checkbox"/> N	Is there an Unprotected Branch Connection, Hose Connection, or a Split between the Water Meter and BFP Device?	
Is this BFP Device on a Fire System?	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes please specify <input type="checkbox"/> Y <input type="checkbox"/> N	
Is this BFP Device on an Irrigation System?	<input type="checkbox"/> Y <input type="checkbox"/> N	Is BFP Device located in a chamber? <input type="checkbox"/> Y <input type="checkbox"/> N	
Is the premise isolation backflow device installed after the water meter and its by-pass? (Both the meter and meter by-pass must be protected by a backflow prevention device.)			<input type="checkbox"/> Y <input type="checkbox"/> N
If the by-pass is installed around the meter, is the by-pass valve closed and sealed?			<input type="checkbox"/> Y <input type="checkbox"/> N
Number of Town of Aurora Water Meters at this Facility: _____ If >1, please provide a survey.			
Number of BFP Devices for Premise Isolation: _____ If >1, please provide a sketch.			

Section 2: Owner Information <input type="checkbox"/> Agent Information <input type="checkbox"/>		
Name:	Phone:	Email Address:
Street Address/Suite/ Unit/:	City:	Postal Code:
Town of Aurora Water Account Number (located on water bill). <input type="checkbox"/> Account No. <input type="checkbox"/> Water Meter Serial No.		

Section 3: Tester Information		
Certified Tester's Name:	CCC Certification Number:	OCOT Membership Number:
Business Name:	Email Address:	Telephone Number:
Business Address (Street Number and Name, Suite/Unit Number, City/Town)		
Test Kit Manufacturer:	Test Kit Serial Number:	Test Kit Model Number:
Calibration Expiry Date (yyyy-mm-dd):	Calibration Certificate Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Tester's Certificate Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Certification	
I certify that the device noted on this form has been tested as described in accordance with the Town of Aurora By-Law 6213-19 as amended & CSA B64 Standards as amended and the information contained herein is true	
Certified Tester Signature	Test Date (yyyy-mm-dd)
Property Owner or Agent Signature	Test Date (yyyy-mm-dd)



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Section 5: Backflow Device Information			
Type of Device	<input type="checkbox"/> RP	<input type="checkbox"/> RPDA	<input type="checkbox"/> DCVA <input type="checkbox"/> DCDA
Serial Number		Size	Manufacturer
Specific Location of Device		Model Number	
Device Orientation		If this device is a replacement device list serial number of device being replaced:	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical			
Installed by (Company Name)		Install Date (yyyy-mm-dd)	

Section 6: Backflow Device Testing Test <input type="checkbox"/> Re-Test <input type="checkbox"/>			
If device failed during initial testing, note the repairs in comment section below and complete this section using the re-test results			
RP/RPDA			
Shut-off Valve #2	Relief Valve	Check Valve #1	Check Valve #2
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight
Pressure Differential Across Check Valve #1 ≥ 5 psi in direction of flow			A _____psi/kPa
Pressure Differential Across Check Valve #2 held tight in reverse direction			_____psi/kPa
Opening Point of Relief Valve ≥ 2 psi			- B _____psi/kPa
Buffer A- B = C ≥ 3 psi			= C _____psi/kPa
DCVA/DCDA (≥ 1 psi in direction of flow)			
Shut-off Valve #1	Shut-off Valve #2		
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		
Check Valve #1	Spring Tension Loss Differential		_____psi/kPa
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Spring Tension Loss Differential		_____psi/kPa
Static Inlet Line Pressure at the Time of Test		Test Results	
_____psi/kPa		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Comments		Test Date (yyyy-mm-dd)	

For Annual Tests and Replacements: Submit completed test forms by email, with the subject line "Annual Test – Street Address" to: backflow@aurora.ca
For New Installations: Contact Building Department to obtain a permit.

Town's Office Use Only

Date Requested:	Date Received:	Reviewed By:	Date Reviewed:
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