BRAMPTON Flower City
brampton.ca

Planning and Infrastructure Services
Building Division
8850 McLaughlin Road, Unit 1
Brampton, ON, L6Y 5T1

Testing & Inspection Report

Reduced Pressure Principle Backflow Prevention Assembly

PROJECT LOCATION | POSTAL CODE

OCCUPANT | PARTY CONTACTED | TELEPHONE

OWNER | TELEPHONE

ADDRESS OF OWNER | POSTAL CODE

NAME OF CERTIFIED TESTER | TESTER CERTIFICATION NUMBER | TELEPHONE

BUSINESS NAME | BUSINESS ADDRESS | POSTAL CODE

MAKE OF TEST KIT | MODEL NUMBER | SERIAL NUMBER | DATE OF LAST CALIBRATION

REDUCED PRESSURE PRINCIPAL BACKFLOW PREVENTION ASSEMBLY

MAKE OF ASSEMBLY | MODEL NUMBER | SERIAL NUMBER | SIZE

INSTALL DATE YY MM DD | LOCATION OF ASSEMBLY (i.e: building, room number, installed on what system)

TYPE OF TEST INITIAL ☐ ANNUAL ☐ | DATE OF TEST YY MM DD | SHUT OFF VALVE NO. 2 LEAKED ☐ CLOSED TIGHT ☐ | LINE PRESSURE AT TIME OF TEST Psi kPa

TEST	DIFFERENTIAL PRESSURE RELIEF VALVE	CHECK VALVE NO. 1	CHECK VALVE NO. 2	TEST RESULTS
	☐ FAILED TO OPEN	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	PASSED ☐
	☐ OPENED AT _____Psi _____kPa	PRESSURE DIFFERENTIAL ACROSS _____kPa FIRST CHECK VALVE (NO FLOW) _____Psi	PRESSURE DIFFERENTIAL ACROSS _____kPa FIRST CHECK VALVE (NO FLOW) _____Psi	FAILED ☐

IF THE ASSEMBLY FAILS THE INITIAL TEST FOR ANY REASON, COMPLETE THIS SECTION AND NOTE REPAIR BELOW:

Reason for failure (if apparent) _____

REPAIRS	DIFFERENTIAL PRESSURE RELIEF VALVE	CHECK VALVE NO. 1	CHECK VALVE NO. 2	SHUT OFF VALVE NO.2
	CLEANED / REPLACED	CLEANED / REPLACED	CLEANED / REPLACED	CLEANED / REPLACED
	☐ DISC UPPER ☐ ☐ DISC LOWER ☐ ☐ SPRING ☐ ☐ DIAPHRAGM LARGE ☐ ☐ UPPER ☐ ☐ LOWER ☐ ☐ DIAPHRAGM SML ☐ ☐ UPPER ☐ ☐ LOWER ☐ ☐ SPACER LOWER ☐ ☐ SEAT ☐ ☐ OTHER (DESCRIBE) ☐	☐ DISC ☐ ☐ SPRING ☐ ☐ GUIDE ☐ ☐ PIN RETAINER ☐ ☐ HINGED PIN ☐ ☐ SEAT ☐ ☐ DIAPHRAGM ☐ ☐ OTHER (DESCRIBE) ☐	☐ DISC ☐ ☐ SPRING ☐ ☐ GUIDE ☐ ☐ PIN RETAINER ☐ ☐ HINGED PIN ☐ ☐ SEAT ☐ ☐ DIAPHRAGM ☐ ☐ OTHER (DESCRIBE) ☐	☐ DISC ☐ ☐ SEAT ☐ ☐ OTHER (DESCRIBE) ☐ DATE OF RE-TEST YEAR MONTH DAY
RE-TEST	☐ FAILED TO OPEN ☐ OPENED AT _____Psi _____kPa	☐ LEAKED ☐ CLOSED TIGHT PRESSURE DIFFERENTIAL ACROSS _____kPa FIRST CHECK VALVE (NO FLOW) _____Psi	☐ LEAKED ☐ CLOSED TIGHT PRESSURE DIFFERENTIAL ACROSS _____kPa FIRST CHECK VALVE (NO FLOW) _____Psi	RE-TEST RESULTS PASSED ☐ FAILED ☐

Remarks: _____

OFFICE USE ONLY

SIGNATURE OF CERTIFIED TESTER | DATE YY MM DD

Permits
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Inspections
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