



## TESTING AND MAINTENANCE REPORT

General Information		
Occupant/ Business:	Street Address:	Phone: E-Mail:
Owner/ Business:	Mailing Address of Owner/Business	Phone: E-Mail:
Qualified Person:	Qualified Company:	Test Date: <u>    </u> / <u>    </u> / <u>    </u>
Qualified Person Cross Connection Control Certification #:	Testing Equipment Manufacture and Model:	Testing Equipment Serial #:

Device Information				
Type of Isolation: <input type="checkbox"/> Premise Isolation - Domestic <input type="checkbox"/> Fire System Isolation <input type="checkbox"/> Zone/Area Isolation <input type="checkbox"/> Individual Isolation				
Type of Device: <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> (SR) PVB			Orientation: (Direction of flow) <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical - Up <input type="checkbox"/> Vertical - Down	
Manufacturer: _____	Model #: _____	Size: _____	Serial #: _____	Static Line Pressure: (PSIG)
Device Location:		Device Purpose:		

RP				
Check Valve #1	Check Valve #2	Differential pressure relief valve (DPRV)	Check #1 Buffer (CV#1 - DPRV = CV#1 Buffer)	Air Break
Closed tight @ _____ psid <input type="checkbox"/> Leaked	Closed tight @ _____ psid <input type="checkbox"/> Leaked	Opened @ _____ psid <input type="checkbox"/> Did Not Open	_____ psid	<input type="checkbox"/> OK

DCVA		(SR) PVB	
Check Valve #1	Check Valve #2	Air Inlet Valve	Check Valve
Closed tight @ _____ psid <input type="checkbox"/> Leaked	Closed tight @ _____ psid <input type="checkbox"/> Leaked	Opened @ _____ psi <input type="checkbox"/> Did Not Open	Closed tight @ _____ psid <input type="checkbox"/> Leaked

If device was repaired, note repairs. If device is a replacement, note serial # of removed device

TEST RESULTS			
I certify that I have tested the above backflow prevention device in accordance with the City of Barrie Backflow Prevention By-law; as amended, and CSA B64 Standards.	<input type="checkbox"/> Fail  <input type="checkbox"/> Pass	<input type="checkbox"/> Annual <input type="checkbox"/> Initial <input type="checkbox"/> Repair <input type="checkbox"/> Relocation <input type="checkbox"/> Replacement	If Initial Installation: Note Building Services Permit #  Permit # _____
signature _____			

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 the City of Barrie Backflow Prevention and Cross Connection Control By-law, as amended and may be used for the enforcement and administration of the By-law, and will be stored by the City for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses.