



PO Box 790
 Kingston, ON Canada
 K7L 4X7
 p. 613-546-1181 x 2196
 f. 613-544-9842
 www.utilitieskingston.com/water/programs/cccp

**DRINKING WATER SYSTEMS
 CROSS CONNECTION CONTROL
 BACKFLOW PREVENTER TEST REPORT**
 cccontrol@utilitieskingston.com
 CCCP Office - 85 Lappan's Lane

To be submitted by the property owner of an industrial, commercial, institutional, or multi-residential building. This test report form and tests must be completed by a certified tester under Utilities Kingston Water Use BY-LAW and as required by CSA B64 Standard. In addition, the City of Kingston requires a BUILDING PERMIT to be obtained before any backflow prevention installation begins.

FACILITY AND OWNER INFORMATION

Occupant/Company	<input type="text"/>	Facility Address	<input type="text"/>
Telephone	<input type="text"/>	City	<input type="text"/>
Email	<input type="text"/>	Postal Code	<input type="text"/>
Owner	<input type="text"/>	Owner Address	<input type="text"/>
Telephone	<input type="text"/>	City	<input type="text"/>
Email	<input type="text"/>	Postal Code	<input type="text"/>

LOCATION DETAILS AND HAZARD LEVEL

Is this BFP device for premises isolation? YES <input type="checkbox"/> NO <input type="checkbox"/>	Water Meter # <input type="text"/>
Does the facility have a fire system? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is there a by-pass line around the meter? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is this BFP device on a fire system? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the by-pass protected by the premises BFP? (Is the premises BFP downstream of the bypass?) YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there any hose or other connections ahead of Premises Isolation Backflow Preventer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the by-pass valve sealed in the off position? YES <input type="checkbox"/> NO <input type="checkbox"/>
Has it been removed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of BFP devices for premises isolation <input type="text"/>

HAZARD LEVEL OF INSTALLATION

Building permit number for all new installations

SEVERE MODERATE MINOR

BACKFLOW PREVENTION DEVICE DETAILS

Serial # <input type="text"/>	Manufacturer <input type="text"/>	Model <input type="text"/>
Type of BFP Device <input type="text"/>	Device Orientation <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
Pipe Size <input type="text"/>	Location of Assembly (i.e. Room #) <input type="text"/>	
Installation Date (YY/MM/DD) <input type="text"/>	Tagged With a UK Tag? YES <input type="checkbox"/> NO <input type="checkbox"/>	Tag # <input type="text"/>

GENERAL TEST INFORMATION

Successful Test Date <input type="text"/>	Type of Test <input type="checkbox"/> New <input type="checkbox"/> Annual <input type="checkbox"/> Replace - Old Serial # <input type="text"/>
Tester Name <input type="text"/>	Certification # <input type="text"/>
Company Name <input type="text"/>	Telephone <input type="text"/>
Address <input type="text"/>	Postal Code <input type="text"/>
Test Kit Serial # <input type="text"/>	Manufacturer <input type="text"/>
Model <input type="text"/>	Calibration Date <input type="text"/>

TEST DETAILS

RP / RPF Assembly Serial # <input style="width:100%;" type="text"/>		Pressure Differential Across Check Valves (no flow) <input style="width:50%;" type="text"/> <input style="width:50%;" type="text"/>	
Relief Valve	Check Valve 1	Check Valve 2	Check Valve 1 <input style="width:50%;" type="text"/> <input style="width:50%;" type="text"/>
Failed to Open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Relief Valve Open Value (min.2 psi) <input style="width:50%;" type="text"/>
Opened <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Buffer (min. 3 psi) <input style="width:50%;" type="text"/>
DCVA, DCVAF, SCVAF Serial # <input style="width:100%;" type="text"/>		PVB / SRPVB Assembly Serial # <input style="width:100%;" type="text"/>	
Check Valve 1		Check Valve 2	
Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>	
Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>	
Pressure Differential Across Check <input style="width:50%;" type="text"/>		Pressure Differential Across Check <input style="width:50%;" type="text"/>	
Air Inlet Valve		Check Valve	
Failed to Open <input type="checkbox"/>		Leaked <input type="checkbox"/>	
Opened <input type="checkbox"/>		Closed Tight <input type="checkbox"/>	
Opened at (pressure) <input style="width:50%;" type="text"/>		Pressure Differential Across Check <input style="width:50%;" type="text"/>	
Downstream Shut Off Valve		Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	
Static Inlet Pressure at Time of Test (Required for Pass) <input style="width:100%;" type="text"/>			TEST RESULTS
Test Date <input style="width:100%;" type="text"/>			
PASSED <input type="checkbox"/>			
FAILED <input type="checkbox"/>			

REPAIR - If the device fails the initial test for any reason complete repair and retesting

Check Applicable Valve(s)	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 <input type="checkbox"/>
Check Applicable Repair:	General Inspection, Cleaning and Servicing <input type="checkbox"/> Parts Replaced (Check applicable below) <input type="checkbox"/>
Parts Replaced:	Seat <input type="checkbox"/> O-Rings <input type="checkbox"/> Repair Kit <input type="checkbox"/> Poppet <input type="checkbox"/> Other: _____

RETEST DETAILS

RP / RPF Assembly Serial # <input style="width:100%;" type="text"/>		Pressure Differential Across Check Valves (no flow) <input style="width:50%;" type="text"/> <input style="width:50%;" type="text"/>	
Relief Valve	Check Valve 1	Check Valve 2	Check Valve 1 <input style="width:50%;" type="text"/> <input style="width:50%;" type="text"/>
Failed to Open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Relief Valve Open Value (min.2 psi) <input style="width:50%;" type="text"/>
Opened <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Buffer (min. 3 psi) <input style="width:50%;" type="text"/>
DCVA, DCVAF, SCVAF Serial # <input style="width:100%;" type="text"/>		PVB / SRPVB Assembly Serial # <input style="width:100%;" type="text"/>	
Check Valve 1		Check Valve 2	
Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>	
Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>	
Pressure Differential Across Check <input style="width:50%;" type="text"/>		Pressure Differential Across Check <input style="width:50%;" type="text"/>	
Air Inlet Valve		Check Valve	
Failed to Open <input type="checkbox"/>		Leaked <input type="checkbox"/>	
Opened <input type="checkbox"/>		Closed Tight <input type="checkbox"/>	
Opened at (pressure) <input style="width:50%;" type="text"/>		Pressure Differential Across Check <input style="width:50%;" type="text"/>	
Downstream Shut Off Valve		Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	
Static Inlet Pressure at Time of Test (Required for Pass) <input style="width:100%;" type="text"/>			TEST RESULTS
Re-Test Date <input style="width:100%;" type="text"/>			
PASSED <input type="checkbox"/>			
FAILED <input type="checkbox"/>			

CERTIFICATION OF TEST RESULTS

INSPECTORS COMMENTS

I certify that I have tested the device identified on this report in accordance with the Utilities Kingston Backflow Prevention Control Program and as specified by the CSA B64 standard and that the information provided is true and accurate.

Certified Tester Name	Certified Tester Signature	Date
Owner / Owner Representative / Occupant	Owner / Representative / Occupant Signature	Date

Any false information or misleading statements made on this report will render any approval granted by the City of Kingston and Utilities Kingston null and void and may result in removal of the certified tester and/or testing company from the Utilities Cross Connection Control database of approved testers for a predetermined length of time.