BUILDING SERVICES
Town of Newmarket
395 Mulock Drive
P.O. Box 328, STN Main
Newmarket, ON L3Y 4X7
T: 905.953.5321 x 2400

Backflow Prevention Device Test Report

To be submitted by the Property Owner, or Agent of an Industrial, Commercial, Institutional, or Multi-Residential building. This test report form is for **PREMISE ISOLATION ONLY** and test must be conducted by a certified tester. In addition, the Town requires a **BUILDING PERMIT** for all new installations and replacements.

Section 1 – Property Owner or Agent

First Name	Last Name	Telephone
Address (Street Number and Name, Suite/Unit Number, City/Town)		Postal Code
Email	Town of Newmarket Water Account Number (located on any utility bill) If unable to locate account number, please provide the water meter serial number	

Section 2 – Facility Information

Facility Address (Street Number and Name, Suite/Unit Number, City/Town)		Postal Code
Is this BFP Device for Premise Isolation? ☐ Y ☐ N	Is there an Unprotected Brand Connection, Hose Connection, or a Split between the Water Meter and BFP Device?	
Is this BFP Device on a Fire System? ☐ Y ☐ N	☐ Y ☐ N	
Is the premise location 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.)	☐ Y ☐ N	
Number of Town of Newmarket 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 3 – Tester Information

Building Permit Number for all New Installations & Replacements		Ceritifed Tester Name
Tester Business Name		
Tester Address (Street Number and Name, Suite/Unit Number, City/Town)		
Tester Telephone Number	Tester's CCC Certification Number	Test Kit Manufacturer
Test Kit Model Number	Test Kit Serial Number	Calibration Expiry Date (yyyy-mm-dd)

Section 4 – Backflow Device Information

Type of Device ☐ RP ☐ RPDA ☐ DCVA ☐ DCDA		Hazard Level ☐ Severe ☐ Moderate	
Serial Number	Size	Manufacturer	Model Number
Specific Location of Device			
Device Orientation ☐ Horizontal ☐ Vertical		Type of Test ☐ Annual ☐ New Installation ☐ Replacement	
Installed by (Company Name)		Install Date (yyyy-mm-dd)	

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Section 5 – Backflow Testing ☐ *Test* ☐ *Re-Test*

RP/RPDA			
Shut-off Valve #2 ☐Leaked ☐Closed Tight	Relief Valve ☐Failed to Open ☐Opened	Check Valve #1 ☐Leaked ☐Closed Tight	Check Valve #2 ☐Leaked ☐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 ☐Leaked ☐Closed Tight		Shut-off Valve #2 ☐Leaked ☐Closed Tight	
Check Valve #1 ☐Leaked ☐Closed Tight		Spring Tension Loss Differential	_____ psi/kPa
Check Valve #2 ☐Leaked ☐Closed Tight		Spring Tension Loss Differential	_____ psi/kPa

RP/RPDA & DCVA/DCDA	
Static Inlet Line Pressure at the Time of Test _____ psi/kPa	Test Results ☐Passed ☐Failed
Remarks	Test Date (yyyy-mm-dd)

Section 6 – Repair(s) (if applicable)

If the device failed during initial testing, please note the repairs below, and complete Section 5 (above) with the re-test results.				
Check Applicable Valve(s)				
☐Relief Valve	☐Check Valve #1	☐Check Valve #2	☐Shut-off Valve #1	☐Shut-off Valve #2
Remarks				

Section 7 – Certification

I certify that the above device has been tested as described herein this form.	
Certified Tester Signature	Test Date (yyyy-mm-dd)
Property Owner or Agent Signature	Test Date (yyyy-mm-dd)

Section 8 – Submission & Information

Please submit test forms with the subject line “Blackflow Test – Permit Number” to: building@newmarket.ca