



# BACKFLOW PREVENTER TEST AND INSPECTION REPORT

THIS FORM MUST BE SUBMITTED TO THE CITY WITHIN 14 DAYS FROM THE TEST DATE  
PLEASE EMAIL COMPLETED TEST REPORTS TO [BACKFLOW@VAUGHAN.CA](mailto:BACKFLOW@VAUGHAN.CA)  
REPORT WILL BE RETURNED FOR ANY MISSING INFORMATION

<b>SECTION 1 - PROPERTY OWNER INFORMATION</b>	
Property Owner First and Last Name:	
Address and Postal Code of Owner:	
Email:	Telephone #:
<b>SECTION 2 - QUALIFIED COMPANY &amp; TESTER INFORMATION</b>	
Qualified Person Name:	OWWA / ASSE Certification #:
Qualified Company Name and Telephone #:	
Test Kit Serial #:	Calibration Expiry Date (mm/dd/yyyy):
<b>SECTION 3 - FACILITY INFORMATION</b>	
Facility Address:	
Current Occupant / Business Name:	Facility Hazard Level: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor
<b>SECTION 4 - BACKFLOW INFORMATION</b>	
Test Type: <input type="checkbox"/> Install / Relocate / Replace → Building Permit #	<input type="checkbox"/> Requested by City <input type="checkbox"/> Inspection <input type="checkbox"/> Annual
BFP Type: <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB <input type="checkbox"/> SCVAF <input type="checkbox"/> Other:	
Serial #:	Manufacturer: Model: Size: mm / inch
Purpose of BFP? <i>Check All That Apply</i>	
<input type="checkbox"/> Domestic Premise → City Meter By-pass Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No    By-pass Valve Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No    By-pass Valve Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No → Unprotected Branch Located Between City Water Meter and Domestic Premise Device? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>YES</b> → Specify Below:	
<input type="checkbox"/> Fire Premise <input type="checkbox"/> Combined Premise <input type="checkbox"/> Water Meter By-pass <input type="checkbox"/> Parallel <input type="checkbox"/> Irrigation	
<input type="checkbox"/> Fire Detector → Detector Meter Serial #:                      Reading:                      m3 <input type="checkbox"/> Detector Meter Not Installed	
<input type="checkbox"/> Area / Zone → Specify:	
Device Located Underground? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>YES</b> → Test Ports Plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No    Chamber Full of Water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of BFP:	

