



APPENDIX X1

REDUCED PRESSURE PRINCIPLE ASSEMBLY (RP) TEST AND INSPECTION REPORT

PLEASE EMAIL COMPLETED TEST REPORTS TO BACKFLOW@VAUGHAN.CA
REPORT WILL BE RETURNED IF ANY INFORMATION IS MISSING

PROJECT NAME: _____ PHASE # _____
MUNICIPAL ADDRESS: _____ WORK ORDER # _____

SECTION 1 – CROSS CONNECTION CONTROL SPECIALIST INFORMATION	
CERTIFIED TESTER NAME (PLEASE PRINT)	
TESTER BUSINESS NAME & TELEPHONE #	CCC CERTIFICATION #
TESTER ADDRESS (STREET # AND NAME, SUITE/UNIT #, CITY/TOWN)	
TEST KIT MODEL	TEST KIT MANUFACTURER
TEST KIT SERIAL #	CALIBRATION EXPIRY DATE (mm/dd/yyyy)

SECTION 2 – SYSTEM & BACKFLOW INFORMATION	
LOCATION OF BACKFLOW	
IS BACKFLOW DEVICE LOCATED IN A CHAMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AIR GAP MAINTAINED? (BACKFLOW TO BE INSTALLED MINIMUM 300 mm ABOVE FLOOD PLAIN) <input type="checkbox"/> YES <input type="checkbox"/> NO	
SERIAL #	SIZE
MANUFACTURER	MODEL #
IS WATER METER INSTALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO WATER METER SERIAL #	
IF YES: PLEASE ENTER METER INFORMATION \longrightarrow INITIAL READING (m ³)	
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACES SERIAL # <input type="checkbox"/> RELOCATION	
IS THERE AN UNPROTECTED BRANCH, HOSE CONNECTION OR A SPLIT BETWEEN THE WATER SOURCE AND BACKFLOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES , PLEASE SPECIFY:	



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SECTION 3 – BACKFLOW TESTING						
If device failed during testing, note the repairs in the comment section below and complete the RE-TEST section with the RE-TEST results						
T E S T	TEST DATE (mm/dd/yyyy)			STATIC LINE PRESSURE: PSI		
	SHUT OFF VALVE # 1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	SHUT OFF VALVE # 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	RELIEF VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	CHECK VALVE # 1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	CHECK VALVE # 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
	PRESSURE DIFFERENTIAL ACROSS CHECK VALVE # 1 ≥ 5 PSI			(A) _____ PSI		
	PRESSURE DIFFERENTIAL ACROSS CHECK VALVE # 2			_____ PSI		
	OPENING POINT OF RELIEF VALVE ≥ 2 PSI			- (B) _____ PSI		
	BUFFER A – B = C ≥ 3 PSI			(C) _____ PSI		
	TEST RESULT			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
	R E T E S T	TEST DATE (mm/dd/yyyy)			STATIC LINE PRESSURE: PSI	
SHUT OFF VALVE # 1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE # 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	RELIEF VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	CHECK VALVE # 1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	CHECK VALVE # 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
PRESSURE DIFFERENTIAL ACROSS CHECK VALVE # 1 ≥ 5 PSI			(A) _____ PSI			
PRESSURE DIFFERENTIAL ACROSS CHECK VALVE # 2			_____ PSI			
OPENING POINT OF RELIEF VALVE ≥ 2 PSI			- (B) _____ PSI			
BUFFER A – B = C ≥ 3 PSI			(C) _____ PSI			
RE-TEST RESULT			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
COMMENTS / REPAIR NOTES (NOTE ANY PARTS REPLACED / CLEANED)						
<div style="display: flex; justify-content: space-between;"> Seat Guide O-Ring Poppet Repaired Kit Cleaned / Replaced </div> <div style="display: flex; justify-content: space-between;"> Spring Disc Diaphragm Other: </div>						
I HEREBY DECLARE THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CERTIFY THAT I HAVE TESTED THE ASSEMBLY ABOVE IN ACCORDANCE TO THE CITY OF VAUGHAN BACKFLOW PREVENTION BY-LAW AND CAN/CSA-B64 STANDARD						
CERTIFIED TESTER NAME			CERTIFIED TESTER SIGNATURE			
DATE (mm/dd/yyyy)						
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 VAUGHAN BACKFLOW PREVENTION BY-LAW 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/TENANT TO THESE TERMS AND USES, UNLESS OTHERWISE MODIFIED OR REVISED IN WRITING AND DELIVERED TO THE DIRECTOR OF ENVIRONMENTAL SERVICES FOR THE CITY OF VAUGHAN.						