



Kitchener Utilities
 Cross Connection Control
 519-741-2600 ext. 4094
 bfpreports@kitchener.ca

Backflow Prevention Device Inspection and Testing Report

To be completed clearly & submitted by email, or in person to
 Kitchener Utilities, 131 Goodrich Drive, Kitchener, within **14 days of test.**

Facility Information

Building Address _____	Postal Code _____
Owner _____	Phone _____
Owner Address _____	Postal Code _____
Occupant _____	Phone _____
Contact Name _____	Phone _____

Tester Information

Tester Name _____	OWWA Cert. # _____
Company Name _____	Phone _____
Test Gauge Serial Number _____	Date of Last Calibration _____

Device Information

Location _____	
Water Meter Serial Number: _____	
<input type="checkbox"/> Premise Isolation	<input type="checkbox"/> In- Premise Protection
<input type="checkbox"/> Dedicated Fire Line	<input type="checkbox"/> Irrigation
Type of Assembly <input type="checkbox"/> RPZ <input type="checkbox"/> DCVA <input type="checkbox"/> PVB	Line Pressure _____ PSI
Make _____	Size _____
Model _____	Serial Number _____

Test Information – Type of Test: Initial – Permit # _____ Annual Re-Test Passed Failed

Reduced Pressure Principle Check Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press. Diff. #1 Check _____psi	Check Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press. Diff. #2 Check _____psi	Differential Press .Relief Valve Failed to Open Opened at _____psi
Shut off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Double Check Valve Assembly Check Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press Dif.#1 Check ___psi	Pressure Vacuum Breaker Air Inlet Valve <input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened at _____ psi
Shut off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Check Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press Dif.#2 Check ___psi	Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Press. Dif. across Check _____psi

If device fails test or a replacement device is installed, please comment in space provided below

Tester's Signature _____ Date _____ / _____ / 20____
 dd mm yy