Utilities Kingston

PO Box 790
Kingston, ON Canada
K7L 4X7
Phone: 613-546-1181 x 2196
Fax: 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 City of Kingston Water BY-LAW and in accordance with CSA B64 Standard. In addition, the City of Kingston requires a BUILDING PERMIT to be obtained before any backflow prevention installation.

FACILITY AND OWNER INFORMATION

Occupant/Company		**Facility Address**	
Telephone		City	
Email		Postal Code	
Owner		**Owner Address**	
Telephone		City	
Email		Postal Code	

LOCATION DETAILS AND HAZARD LEVEL

Is this BFP device for premises isolation? YES ☐ NO ☐

Does the facility have a fire system? YES ☐ NO ☐

Is this BFP device on a fire system? YES ☐ NO ☐

Are there any hose or other connections ahead of Premises Isolation Backflow Preventer? YES ☐ NO ☐

Has it been removed? YES ☐ NO ☐

Building permit number for all new installations _____

Water Meter Number _____

Is there a by-pass line around the meter? YES ☐ NO ☐

Is the by-pass protected by the premises BFP? (Is the premises BFP downstream of the bypass?) YES ☐ NO ☐

Is the by-pass valve sealed in the off position? YES ☐ NO ☐

Number of BFP devices for premises isolation _____

HAZARD LEVEL OF INSTALLATION

◯ SEVERE   ◯ MODERATE   ◯ MINOR

BACKFLOW PREVENTER DETAILS

Serial Number _____ Manufacturer _____ Model _____

Type of BFP Device _____

Device Orientation ☐ Horizontal ☐ Vertical

Pipe Size _____ Location of Assembly (i.e. Room number) _____

Installation Date (YY/MM/DD) _____ Tagged With a UK Tag? YES ☐ NO ☐ Tag Number _____

GENERAL TEST INFORMATION

Successful Test Date _____ Type of Test ☐ New ☐ Annual ☐ Replace Old Serial Number _____

Tester Name		Certification number	
Company Name		Telephone	
Address		Postal Code	
Test Kit Serial number		Manufacturer	
Model		Calibration 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 Kingston Cross Connection Control database of approved testers.

VERSION DATE: OCTOBER 23, 2019

UTILITIES KINGSTON - DRINKING WATER SYSTEMS - CROSS CONNECTION CONTROL - BACKFLOW PREVENTER REPORT

TEST DETAILS

RP / RPF Assembly Serial Number _____

Pressure Differential Across Check Valves (no flow)	Check Value 1	Check Value 2

Relief Valve	**Check Valve 1**	**Check Valve 2**
Failed to Open ☐	Leaked ☐	Leaked ☐
Opened ☐	Closed Tight ☐	Closed Tight ☐

Relief Valve Open Value (min.2 psi) _____

Buffer (min. 3 psi) _____

DCVA, DCVAF, SCVAF Serial Number	_____	**PVB / SRPVB Assembly Serial number**	_____

Check Valve 1		**Check Valve 2**		**Air Inlet Valve**		**Check Valve**	
Leaked	☐	Leaked	☐	Failed to Open	☐	Leaked	☐
Closed Tight	☐	Closed Tight	☐	Opened	☐	Closed Tight	☐
Pressure Differential Across Check		Pressure Differential Across Check		Opened (at Pressure)		Pressure Differential Across Check	

Downstream Shut Off Valve	Leaked ☐	Closed Tight ☐

Static Inlet Pressure at Time of Test (Required for Pass)	_____	**TEST RESULTS**	PASSED ☐
Test Date	_____		FAILED ☐

REPAIR - If the backflow preventer fails the initial test for any reason complete repair and retest

Check Applicable Valve(s)	Relief Valve ☐	Check Valve 1 ☐	Check Valve 2 ☐	Air Inlet Valve ☐	Shut Off ☐

Check Applicable Repair: General Inspection, Cleaning and Servicing ☐   Parts Replaced (Check applicable below) ☐

Parts Replaced: Seat ☐   O-Rings ☐   Repair Kit ☐   Poppet ☐   Other: _____

RETEST DETAILS

RP / RPF Assembly Serial number _____

Pressure Differential Across Check Valves (no flow)	Check Valve 1	Check Valve 2

Relief Valve	**Check Valve 1**	**Check Valve 2**
Failed to Open ☐	Leaked ☐	Leaked ☐
Opened ☐	Closed Tight ☐	Closed Tight ☐

Relief Valve Open Value (min.2 psi) _____

Buffer (min. 3 psi) _____

DCVA, DCVAF, SCVAF Serial number	_____	PVB / SRPVB Assembly Serial number	_____

Check Valve 1		**Check Valve 2**		**Air Inlet Valve**		**Check Valve**	
Leaked	☐	Leaked	☐	Failed to Open	☐	Leaked	☐
Closed Tight	☐	Closed Tight	☐	Opened	☐	Closed Tight	☐
Pressure Differential Across Check		Pressure Differential Across Check		Opened (at Pressure)		Pressure Differential Across Check	

Downstream Shut Off Valve	Leaked ☐	Closed Tight ☐

Static Inlet Pressure at Time of Test (Required for Pass)	_____	**TEST RESULTS**	PASSED ☐
Re-Test Date	_____		FAILED ☐

CERTIFICATION OF TEST RESULTS

INSPECTOR'S 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 (Please Print)	Owner / Owner Representative / Occupant Signature	Date

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