

# Backflow Assembly Test Report

BSI Online Customer Service (604)492-0163  
 District Municipality of Muskoka: [backflowprevention@muskoka.on.ca](mailto:backflowprevention@muskoka.on.ca)  
 Submit Completed backflow test reports within 30 days of test to: [backflow@bsionline.ca](mailto:backflow@bsionline.ca)

ADDRESS OF DEVICE		CCN#		Property Owner		CONTACT		TELEPHONE NUMBER										
SERIAL NUMBER		MAKE		MODEL		SIZE		INSTALL DATE YYYY MM DD		BUILDING								
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____						LOCATION OF ASSEMBLY (EX: ROOM NUMBER)												
TESTER'S OWWA NUMBER		Test Kit Make/Model		Test Kit Serial #:		TESTER'S KIT CALIBRATION DATE YYYY MM DD		TESTER'S NAME		TELEPHONE NUMBER								
TYPE OF TEST <input type="checkbox"/> NEW <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> REPAIR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPLACES SERIAL # _____						Premise Isolation as per survey met? Yes    No		TYPE OF DEVICE <input type="checkbox"/> RPZ <input type="checkbox"/> DCVA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB <input type="checkbox"/> RPF <input type="checkbox"/> DCVAF <input type="checkbox"/> SCVAF										
<b>TEST</b>	<b>RPZ/RPF ASSEMBLY</b>		<b>CHECK VALVE 1</b>		<b>CHECK VALVE 2</b>		<b>DCVA, DCVAF, SCVAF</b>		<b>PVB/SRPVB ASSEMBLY</b>		<b>SHUT OFF VALVES</b>							
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> #1 LEAKED <input type="checkbox"/> #1 CLOSED		<input type="checkbox"/> #2 LEAKED <input type="checkbox"/> #2 CLOSED	
	PRESSURE DIFFERENTIAL ACROSS 1 <sup>ST</sup> CHECK VALVE (No Flow)		A _____ psi kPa		B _____ psi kPa		DIFF PSI _____		DIFF PSI _____									
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 Psi Or Greater)		B _____ psi kPa		C _____ psi kPa													
	BUFFER (3 PSI OR GREATER)		A - B = C		C _____ psi kPa													
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ psi kPa						TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				TEST DATE		YYYY		MM		DD		
<b>REPAIR</b>	If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.																	
	CHECK APPLICABLE VALVE(S): <input type="checkbox"/> RELIEF VALVE <input type="checkbox"/> CHECK VALVE #1 <input type="checkbox"/> CHECK VALVE #2 <input type="checkbox"/> AIR INLET VALVE <input type="checkbox"/> SHUT OFF VALVE  CHECK APPLICABLE REPAIR <input type="checkbox"/> CLEANED; REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SEAT <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> POPPET <input type="checkbox"/> REPAIR KIT																	
<b>RETEST</b>	<b>RP/RPF ASSEMBLY</b>		<b>CHECK VALVE 1</b>		<b>CHECK VALVE 2</b>		<b>DCVA, DCVAF, SCVAF</b>		<b>PVB/SRPVB ASSEMBLY</b>		<b>SHUT OFF VALVES</b>							
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PSI _____		<input type="checkbox"/> #1 LEAKED <input type="checkbox"/> #1 CLOSED		<input type="checkbox"/> #2 LEAKED <input type="checkbox"/> #2 CLOSED	
	PRESSURE DIFFERENTIAL ACROSS 1 <sup>ST</sup> CHECK VALVE (No Flow)		A _____ psi kPa		B _____ psi kPa		DIFF PSI _____		DIFF PSI _____									
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 Psi Or Greater)		B _____ psi kPa		C _____ psi kPa													
	BUFFER (3 PSI OR GREATER)		A - B = C		C _____ psi kPa													
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ psi kPa						RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				RETEST DATE		YYYY		MM		DD		
I certify the above device has been tested in accordance with the District Municipality of Muskoka By-law 2023-42																		
SIGNATURE OF CERTIFIED TESTER										DATE		YYYY		MM		DD		
REMARKS/COMMENTS																		