RP,RPDA,DCVA,DCDA, PVB and SCVAF Backflow Test Device Form

To be submitted by the property owner, or agent within 72 hours of the completed test. This test report form is for an RP, RPDA, DCVA, DCDA isolation device. Tests must be conducted by a certified tester under Appendix A of the Northumberland County By-law 38-2023.A plumbing permit is required for all new installations and replacements.

Section 1 – Property owner or agent

First name	Last name	Telephone number
Address (street number and name, suite/unit number, city/town, municipality)		Postal Code
Email	If Municipally serviced: Water account number (located on any utility bill) or please provide the water meter serial number	

Section 2 – Facility information

Facility address (street number and name, suite/unit number, municipality)	Email address
Is this BFP device for premise isolation?	Is this BFP device for zone isolation? What is it providing isolation for, explain.
Is this BFP device on a fire system?	
Is this BFP device for source isolation? Provide the type of equipment it is protecting:	
Facility hazard classification: Severe/Moderate/Minor	
What business is this facility engaged in: _____	

Section 3 – Tester information

Plumbing permit number for all new installations & replacements	Certified tester name	
Tester business name and email address		
Tester address (street number and name, suite/unit number, city/town)		
Tester telephone number	Tester's certification number /Expiry date	Test kit manufacturer
Test kit model number	Test kit serial number	Calibration expiry date (yyyy-mm-dd)

Section 4 – Backflow device information

Type of device:			Hazard level:
Serial number	Size	Manufacturer	Model number
Specific location of device: Room name or #, or location within the building			
Device orientation	Type of test		
Installed by (Company name if known)			Install date (yyyy-mm-dd)

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Section 5 – Backflow testing

RP/RPDA			
Shut-off Valve #2	Relief Valve	Check Valve #1	Check Valve #2

Pressure differential across check valve #1 ≥ 5 psi in direction of flow	A	_____ psi/ kPa
Pressure differential across check valve #2 held tight in reverse direction		_____ psi/ kPa
Opening point of relief valve ≥ 2 psi	– B	_____ psi/ kPa
Buffer A – B = C ≥ 3 psi	= C	_____ psi/ kPa

DCVA/DCDA (≥ 1 psi in direction of flow)		
Shut-off valve #1	Shut-off valve #2	
Check valve #1	Spring tension loss differential	_____ psi/ kPa
Check valve #2	Spring tension loss differential	_____ psi/ kPa

RP/RPDA & DCVA/DCDA	
Static inlet line pressure at the time of test _____	Test results
Remarks	Test date (yyyy-mm-dd)

Section 6 – Repair(s) (if applicable)

If the device failed during initial testing, please note the repairs below, and complete Section 5 (above) with the re-test results.

Check applicable valve(s):

☐ Relief valve ☐ Check valve #1 ☐ Check valve #2 ☐ Shut-off valve #1 ☐ Shut-off valve #2

Remarks

Section 7 – Certification

I certify that the above device has been tested in accordance with the Northumberland County By-law 38-2023..

Certified tester signature	Test date (yyyy-mm-dd)
Certified Property owner or agent signature	Test date (yyyy-mm-dd)

Section 8 – Submission & information

Please submit test forms within 72 hours of a test to our backflow email: **backflow@northumberland.ca or drop off at 600 William St Cobourg ON or** for further inquiries:

Webpage: northumberland.ca
Phone: 905-372-1929
Email: backflow@northumberland.ca

Mail: Northumberland County
555 Courthouse Road
Cobourg, ON K9A 5J6

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Section 9 – Form Abbreviations

Note: This page does not require submission

RP Reduced Pressure

RPDA Principle Type RP Type for Fire Protection System

DCVA Double Check Valve Assembly Type

DCDA DCVA Type for Fire Protection System

SCVAF Single Check Valve Assembly Type for Fire Protection System

PVB Pressure Type Vacuum Breaker

Psi Pounds per square inch

kPa Kilopascal