



Building Services
 Town of Newmarket
 395 Mulock Drive P.O. Box 328,
 Newmarket, Ontario, L3Y 4X7

Backflow Preventer Test Report Form

Email: backflowprevention@newmarket.ca | Website: newmarket.ca | Phone: 905-953-5300 ext. 2400

To be submitted by the Property Owner, or Agent of an Industrial, Commercial, Institutional, or Multi-Residential building. This test report form is for **PREMISE ISOLATION ONLY** and test must be conducted by a certified tester. The Town also requires a **BUILDING PERMIT for all new installations**. Please submit completed form with the subject line "Backflow Prevention Program – Backflow Preventer Test Report Form – Street Address" to: backflowprevention@newmarket.ca

This Test Report is for: A New Installation A Replacement An Annual Test

Section 1 – Property Owner or Agent

First Name	Last Name	Telephone
Address (Street Number and Name, Suite/Unit Number, City/Town)		Postal Code
Email	Town of Newmarket Water Account Number (located on any utility bill) If unable to locate account number, please provide the water meter serial number	

Section 2 – Facility Information

Facility Address (Street Number and Name, Suite/Unit Number, City/Town)		Postal Code
Is this BFP Device for Premise Isolation?	<input type="checkbox"/> Y <input type="checkbox"/> N	Is there an Unprotected Branch Connection, Hose Connection, or a Split between the Water Meter and BFP Device? <input type="checkbox"/> Y <input type="checkbox"/> N
Is this BFP Device on a Fire System?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Is the premise isolation backflow device installed after the water meter and its by-pass? (Both the meter and meter by-pass must be protected by a backflow prevention device.)		<input type="checkbox"/> Y <input type="checkbox"/> N
If the by-pass is installed around the meter, is the by-pass valve closed and sealed?		<input type="checkbox"/> Y <input type="checkbox"/> N
Number of Town of Newmarket Water Meters at this Facility: _____ If >1, please provide a survey.		
Number of BFP Devices for Premise Isolation: _____ If >1, please provide a sketch.		

Section 3 – Tester Information

Building Permit Number for all New Installations <input type="checkbox"/> Not Applicable (Annual Test)		Certified Tester Name
Tester Business Name	Tester Telephone Number	Tester's CCC Certification Number
Tester Address (Street Number and Name, Suite/Unit Number, City/Town)		
Test Kit Manufacturer	Test Kit Serial Number	Test Kit Model Number
Calibration Expiry Date (yyyy-mm-dd)	Calibration Certificate Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Tester's Certificate Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Backflow Device Information

Type of Device <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DCVA <input type="checkbox"/> DCD	Hazard Level <input type="checkbox"/> Severe <input type="checkbox"/> Moderate	
Serial Number	Size	Manufacturer
Model Number		
Specific Location of Device		
Device Orientation <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	If this device is a replacement device, list serial number of device being replaced:	