



BACKFLOW PREVENTION DEVICE TEST REPORT

| | | | |
|------------------------------------|-----------------------------------|-----------------------------|---------------------------------|
| Address: | | Postal Code | |
| Occupant: | Contact Person/s | Telephone | |
| | | Email | |
| Owner: | | | |
| Address of the Owner | | Postal Code | |
| Name of Certified Tester | | Tester Certification Number | |
| | | Telephone | |
| Business Name and Address | | Postal Code | Email |
| Make of TEST KIT | Model Number | Serial Number | Calibration Expiry Date (d/m/y) |
| Device Location | | Purpose of Device | |
| TEST DATE (d/m/y) | | RP <input type="radio"/> | DCVA <input type="radio"/> |
| | | S/PVB <input type="radio"/> | |
| Make | Model | Serial # | Size |
| Initial Test <input type="radio"/> | Annual Test <input type="radio"/> | PASS <input type="radio"/> | FAIL <input type="radio"/> |
| | | | LINE PRESSURE _____ psi |

| REDUCED PRESSURE BACKFLOW ASSEMBLY | | |
|---|---|--|
| Check Valve No. 1 | Check Valve No. 2 | Relief Valve Opened at _____ psi |
| Leaked <input type="radio"/> Closed Tight <input type="radio"/> | Leaked <input type="radio"/> Closed Tight <input type="radio"/> | Pressure Differential across check 1 _____ psi |
| Pressure Differential _____ psi | Pressure Differential _____ psi | Minus the opening of relief valve _____ psi |
| Shut Off Valve #1 Leaked <input type="radio"/> Closed <input type="radio"/> | Shut Off Valve #2 Leaked <input type="radio"/> Closed <input type="radio"/> | BUFFER (3 psi or greater) _____ psi |

| DOUBLE CHECK VALVE | PRESSURE VACUUM BREAKER |
|---|---|
| Check Valve No. 1 | Check Valve No. 2 |
| Leaked <input type="radio"/> Closed Tight <input type="radio"/> | Leaked <input type="radio"/> Closed Tight <input type="radio"/> |
| Pressure Differential _____ psi | Pressure Differential _____ psi |
| Shut Off Valve #1 Leaked <input type="radio"/> Closed <input type="radio"/> | Shut Off Valve #1 Leaked <input type="radio"/> Closed <input type="radio"/> |
| | Air Inlet Valve |
| | Opened At _____ psi Failed to open <input type="radio"/> |
| | Check Valve Leaked <input type="radio"/> |
| | Closed Tight <input type="radio"/> |
| | Pressure Differential _____ psi |

If assembly fails test, complete this section and note repairs: (if Device replaces an existing device list Serial # of the existing device)

| | |
|-------------------------|------------------|
| Tester Signature: _____ | Date d/m/y _____ |
|-------------------------|------------------|