



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Double Check Valve Assembly/Pressure Vacuum Breaker

CITY OF SARNIA

New Installation or Annual Test (circle one) TEMP. OR PERM. Permit number(if applicable): _____

1 Facility or business: _____

2 Facility of business address: Street number: _____ Street: _____
City: _____ Postal Code: _____
Phone number: _____
Type of facility: _____

3 Property Owner's Information: Name: _____ Street #/Street: _____
City: _____ Postal Code: _____ Phone number: _____

4 Contact Person if Different than Owner: _____ Phone number: _____

5 Testers Information: OWWA/AWWA Certification #: _____
Name of Certified Tester: _____ Telephone: _____ Business name: _____
Business address: _____ Postal code: _____
Make of Test Kit: _____ Model #: _____
Date of Last Calibration: _____ Serial #: _____

6 DOUBLE CHECK VALVE ASSEMBLY/PRESSURE VACUUM BREAKER
Type of assembly : Make: _____ Model Number: _____ Serial Number: _____ Size: _____
O DCVA O PVB
Install Date: MM / DD / YYYY Location of Assembly: _____
Test date: _____
Line Pressure at the time of test: _____ Psi _____ kPa

(DCVA) TESTING RESULTS

7	Check Valve No. 1		Check Valve No. 2		Pressure Vacuum Breaker		Test Results
	With Flow	Against Flow	With Flow	Against Flow	Air inlet valve	Check Valve	
	<input type="radio"/> Leaked	<input type="radio"/> Leaked	<input type="radio"/> Leaked	<input type="radio"/> Leaked	<input type="radio"/> Malfunctioned	<input type="radio"/> Leaked	O PASSED O FAILED*
	<input type="radio"/> Closed tight	<input type="radio"/> Closed tight	<input type="radio"/> Closed tight	<input type="radio"/> Closed tight	<input type="radio"/> Opened at _____ kPa	<input type="radio"/> Closed tight	
	Pressure drop against check _____ kPa _____ Psi	Pressure drop against check _____ kPa _____ Psi	Pressure drop against check _____ kPa _____ Psi	Pressure drop against check _____ kPa _____ Psi	_____ kPa _____ Psi	Pressure drop across check _____ kPa _____ Psi	

***If the assembly fails the intial test for any reason, complete this section and note repair below:**

Reason for failure (if apparent): _____ Repairs completed by (plumbing contractor): _____

REPAIRS

8	Check Valve No. 1		Check Valve No. 2		Pressure Vacuum Breaker		Date of re-test mm / dd / yyyy
	CLEANED (please circle or check)	REPLACED	CLEANED (please circle or check)	REPLACED	CLEANED (please circle or check)	REPLACED	
REPAIRS	Disc	Disc	Disc	Disc	Disc	Disc	_____
	Spring	Spring	Spring	Spring	Spring	Spring	
	Guide	Guide	Guide	Guide	Guide	Guide	
	Pin Retainer	Pin Retainer	Pin Retainer	Pin Retainer	Pin Retainer	Pin Retainer	
	Hinged Pin	Hinged Pin	Hinged Pin	Hinged Pin	Hinged Pin	Hinged Pin	
	Seat	Seat	Seat	Seat	Seat	Seat	
	Diaphragm	Diaphragm	Diaphragm	Diaphragm	Diaphragm	Diaphragm	
	Other	Other	Other	Other	Other	Other	

RE-TEST	With Flow	Against Flow	With Flow	Against Flow	Air inlet valve	Check Valve	Re-test Results
	<input type="radio"/> Leaked	<input type="radio"/> Leaked	<input type="radio"/> Leaked	<input type="radio"/> Leaked	<input type="radio"/> Malfunctioned	<input type="radio"/> Leaked	
<input type="radio"/> Closed tight	<input type="radio"/> Closed tight	<input type="radio"/> Closed tight	<input type="radio"/> Closed tight	<input type="radio"/> Opened at _____ kPa	<input type="radio"/> Closed tight		
Pressure drop against check _____ kPa _____ Psi	Pressure drop against check _____ kPa _____ Psi	Pressure drop against check _____ kPa _____ Psi	Pressure drop against check _____ kPa _____ Psi	_____ kPa _____ Psi	Pressure drop across check _____ kPa _____ Psi		

Remarks: _____

OFFICE USE ONLY

I certify that I have tested the above assembly in accordance to the CSA B64 10 Series Standards.
Signature of certified tester: _____



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Reduced Pressure Principal Backflow Assembly

CITY OF SARNIA

New Installation or Annual Test (please circle) TEMP. OR PERM. Permit number(if applicable): _____

1 Facility or business:			
2 Facility of business address:	Street number:	Street:	
	City:	Postal Code:	
	Phone number:		
	Type of facility:		
3 Property Owner's Information:	Name:	Street #/Street:	
	City:	Postal Code:	Phone number:

4 Contact Person if Different than Owner:	Phone number:
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5 Testers Information: Name of Certified Tester:	OWWA/AWWA Certification #:	
	Telephone:	Business name:
	Business address:	Postal code:
	Make of Test Kit:	Model #:
	Date of Last Calibration:	Serial #:

6 REDUCED PRESSURE PRINCIPAL BACKFLOW ASSEMBLY			
Make:	Model Number:	Serial Number:	Size:
Install Date MM / DD / YYYY	Location of Assembly:		
	Test date:	Air Gap Inspection: Required minimum air gap separation provided OYes Ono	
	Shut off valve No. 2 (circle one) Leaked Closed tight		
	Shut off valve No. 1 (circle one) Leaked Closed tight		
	Line Pressure at the time of test: _____ Psi _____ kPa		

TESTING RESULTS						
7 Differential Pressure Relief Valve (B)	Check Valve No. 1 (A)		Check valve No. 2		BUFFER (C)	Test Results
	O Failed to open		O Leaked O Closed tight		(A - B = C)	O PASSED
	O Opened at _____ Psi _____ kPa		Pressure diferential across the first check valve (NO FLOW) _____ psi/kPa		_____ psi O FAILED*	
					*NOTE: Buffer must be at least 3 psi	

***If the assembly fails the intial test for any reason, complete this section and note repair below:**

Reason for failure (if apparent): _____	Repairs completed by (pluming contractor): _____
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REPAIRS

REPAIRS	Differential Pressure Relief Valve	Check Valve No. 1		Check Valve No. 2		Shut off valve No. 2	
	CLEANED REPLACED (please circle or check)	CLEANED REPLACED (please circle or check)		CLEANED REPLACED (please circle or check)		CLEANED REPLACED (please circle or check)	
	Disc upper Disc upper	Disc Disc		Disc Disc		Disc Disc	
	Disc lower Disc lower			Spring Spring		Seat Seat	
	Spring Spring	Spring Spring		Guide Guide		Other Other	
	Diaphragm Lg Diaphragm Lg	Guide Guide		Pin Retainer Pin Retainer		
	Upper Upper	Pin Retainer Pin Retainer		Hinged Pin Hinged Pin		
	Lower Lower	Hinged Pin Hinged Pin		Seat Seat		Date of re-test	
	Diaphragm Sm Diaphragm Sm	Seat Seat		Diaphragm Diaphragm		mm / dd / yyyy	
	Upper Upper	Diaphragm Diaphragm		Other Other		_____	
Lower Lower	Other Other				_____		
Spacer lower Spacer lower				_____		
Seat Seat				_____		
Other Other				_____		

RE-TEST	Differential Pressure Relief Valve	Check Valve No. 1		Check Valve No. 2		BUFFER (C)	Re-test Results
	O Failed to open	O Leaked O Closed tight		O Leaked O Closed tight		(A - B = C)	O PASSED
	O Opened at _____ Psi _____ kPa	Pressure diferential across the first check valve (NO FLOW) _____ psi/kPa		Pressure diferential across the second check valve (NO FLOW) _____ psi/kPa		_____ psi *NOTE: Buffer must be at least 3 psi	O FAILED

OFFICE USE ONLY	I certify that I have tested the above assembly in accordance to the CSA B64 10 Standards. Signature of certified tester: _____
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