

YOUR LOGO

Company name

Address · Phone · License #

Backflow Prevention Device Test Report

No. _____

CUSTOMER

SERVICE ADDRESS

DATE

TIME ON SITE

TECHNICIAN

TYPE OF TEST

☐ Initial ☐ Annual ☐ Repair ☐ Replacement

REPLACES SERIAL

MUNICIPALITY / WATER UTILITY

FACILITY / DEVICE ID

HAZARD LEVEL

☐ Severe ☐ Moderate ☐ Minor

PROTECTION TYPE

☐ Premises isolation ☐ Zone / area ☐ In-premises (fixture) ☐ Dedicated fire line

MAKE & MODEL

DEVICE TYPE

☐ RP ☐ DCVA ☐ PVB ☐ SVB ☐ RPDA ☐ DCDA

SERIAL NUMBER

SIZE

☐ 3/4" ☐ 1" ☐ 1-1/2" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 8" ☐ 10"

INSTALL DATE

DEVICE LOCATION

ORIENTATION

☐ Horizontal ☐ Vertical

STATIC INLET LINE PRESSURE

_____ psi

SHUT-OFF VALVE #1

☐ Closed tight ☐ Leaked

SHUT-OFF VALVE #2

☐ Closed tight ☐ Leaked

INITIAL TEST

CHECK VALVE #1 PRESSURE DROP (A)

_____ psid

RELIEF VALVE OPENED AT (B)

_____ psid

BUFFER C = A - B

_____ psid

CHECK VALVE #2

_____ psid

AIR INLET OPENED AT

_____ psid

CHECK VALVE HELD AT

_____ psid

CHECK VALVE #1☐ Closed tight ☐ Leaked**CHECK VALVE #2**☐ Closed tight ☐ Leaked☐ Relief valve failed to open**RELIEF DRAIN AIR GAP MEETS CODE**☐ Yes ☐ No☐ Spring tension loss**SIGHT TUBE CONFIRMATION**☐ Yes ☐ No**AIR INLET OPENED FULLY**☐ Yes ☐ No**INITIAL TEST RESULT**☐ Passed ☐ Failed**REPAIRS AND PARTS (CHECK ALL THAT APPLY)**☐ Cleaned only ☐ Disc / rubber ☐ Spring ☐ Seat ☐ O-rings ☐ Rubber kit ☐ Check module☐ Diaphragm ☐ Poppet ☐ Test cocks ☐ Air inlet disc / spring ☐ Replaced assembly**REPAIR DETAILS**

RE-TEST**CHECK VALVE #1 PRESSURE DROP (A)****RELIEF VALVE OPENED AT (B)****BUFFER C = A - B**

psid

psid

psid**CHECK VALVE #2****AIR INLET OPENED AT****CHECK VALVE HELD AT**

psid

psid

psid**RE-TEST RESULT**☐ Passed ☐ Failed**TESTER AND TEST KIT****CERTIFIED BY**☐ OWWA ☐ BCWWA ☐ AWWA ☐ Other**TESTER CERTIFICATE #****CERTIFICATE EXPIRES**

TEST KIT

TEST KIT SERIAL**LAST CALIBRATION****CALIBRATED BY**

RESULTS FILED WITH THE UTILITY ON

PHOTOS

Attach photos or list photo numbers: _____

REMARKS

CERTIFICATION

I certify that I tested the device above in accordance with CSA B64.10.1 and that it meets the performance requirements of CSA B64.10 and the applicable provincial building or plumbing code.

TECHNICIAN SIGNATURE

Name: _____ Date: _____

OWNER OR REPRESENTATIVE SIGNATURE

Name: _____ Date: _____