BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Double Check Valve Assembly/Pressure Vacuum Breaker

CITY OF SARNIA

*****PLEASE INDICATE(circle) BEFORE CONTINUING***: PREMISE FIRE SUPP. IRRIGATION ZONE OTHER:_____**

New Installation or Annual Test (circle one) TEMP. OR PERM.			**Permit number(if applicable): _____**	
1	**Facility or business:**			**CCN:**
2	**Facility of business address:** **Backflow Survey required? If unknown contact (519) 332-0330 ext 2245.**	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:** **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	**DOUBLE CHECK VALVE ASSEMBLY/PRESSURE VACUUM BREAKER**				
	Type of assembly : O DCVA O PVB	Make:	Model Number:	Serial Number:	Size:
	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**	
	O Leaked	O Leaked	O Leaked	O Leaked	O Malfunctioned	O Leaked	O PASSED
	O Closed tight	O Closed tight	O Closed tight	O Closed tight	O Opened at	O Closed tight	O FAILED*
	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 (pluming contractor): _____

REPAIRS

8	Check Valve No. 1		Check Valve No. 2		Pressure Vacuum Breaker		Date of re-test
	CLEANED	**REPLACED**	**CLEANED**	**REPLACED**	**CLEANED**	**REPLACED**	mm / dd / yyyy
	(please circle or check)		**(please circle or check)**		**(please circle or check)**		
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
	O Leaked	O Leaked	O Leaked	O Leaked	O Malfunctioned	O Leaked	O PASSED
	O Closed tight	O Closed tight	O Closed tight	O Closed tight	O Opened at	O Closed tight	O FAILED
	Pressure drop against check	kPa _____Psi	Pressure drop against check	kPa _____Psi	kPa _____Psi	Pressure drop across check	kPa _____Psi

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: _____

Reduced Pressure Principal Backflow Assembly

CITY OF SARNIA

PLEASE INDICATE(circle) BEFORE CONTINUING: PREMISE FIRE SUPP. IRRIGATION ZONE OTHER:_____

New Installation or Annual Test (please circle) TEMP. OR PERM.			Permit number(if applicable): _____	
1	Facility or business:		CCN:	
2	Facility of business address: Does this property require a backflow survey? If unknown contact (519) 332-0330 ext 2245.	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: 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	O Leaked O Closed tight	(A - B = C)	O PASSED
O Opened at	Pressure diferential	Pressure diferential	_____psi	O FAILED*
_____ Psi _____kPa	across the first check valve	across the second check valve	*NOTE: Buffer	
	(NO FLOW) _____ psi/kPa	(NO FLOW) _____ psi/kPa	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): _____

REPAIRS

8

	Differential Pressure Relief Valve	Check Valve No. 1	Check Valve No. 2	Shut off valve No. 2
REPAIRS	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 lower Disc lower	Disc Disc	Disc Disc	Disc Disc
	Spring Spring	Spring Spring	Spring Spring	Seat Seat
	Diaphragm Lg	Guide Guide	Guide Guide	Other Other
	Upper Upper	Pin Retainer Pin Retainer	Pin Retainer Pin Retainer	.....
	Lower Lower	Hinged Pin Hinged Pin	Hinged Pin Hinged Pin	.....
	Diaphragm Sm	Seat Seat	Seat Seat	Date of re-test
	Upper Upper	Diaphragm Diaphragm	Diaphragm Diaphragm	mm / dd / yyyy
	Lower Lower	Other Other	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	Pressure diferential	Pressure diferential	_____psi	O FAILED
	_____ Psi _____kPa	across the first check valve	across the second check valve	*NOTE: Buffer	
		(NO FLOW) _____ psi/kPa	(NO FLOW) _____ psi/kPa	must be at least 3 psi	

OFFICE USE ONLY

I certify that I have tested the above assembly in accordance to the CSA B64 10 Standards.

Signature of certified tester: _____