



TESTING AND INSPECTION REPORT

Reduced Pressure Principal Backflow Prevention Assembly Double Check Valve Assembly and Pressure Vacuum Breaker

RP, DCVA, PVB

Location Address		Occupant	Party Contacted	
Owner	Address of Owner		Postal Code	Telephone Number
Type of Assembly RP DCVA PVB	Make of Assembly	Model Number	Serial Number	Size
Location of Assembly (ie. Building, Room Number)		Installed on What System		
Tester's Certificate Number	Tester's Equipment Number	Name of Certified Tester	Business Name	Telephone Number

Location Address	Postal Code	Type of Test (Please Check One) INITIAL ANNUAL REPLACEMENT	LINE PRESSURE AT TIME OF TEST _____ kPa _____ Psi	PRESSURE DIFFERENTIAL ACROSS FIRST CHECK VALVE (NO FLOW) TEST _____ kPa _____ Psi
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TEST	REDUCED PRESSURE PRINCIPAL BACKFLOW PREVENTION ASSEMBLY					PRESSURE VACUUM BREAKER		TEST RESULT		
	DOUBLE CHECK VALVE ASSEMBLY					DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET VALVE		CHECK VALVE	
	CHECK VALVE NUMBER 2		SHUT-OFF VALVE NUMBER 2	CHECK VALVE NUMBER 1						
TEST DATE YY MM DD	WITH FLOW	AGAINST FLOW	WITH FLOW	AGAINST FLOW	WITH FLOW	AGAINST FLOW	FAILED TO OPEN OPENED AT _____ kPa _____ Psi	AIR INLET VALVE FAILED TO OPEN OPENED AT	CHECK VALVE LEAKED CLOSED TIGHT	PASSED FAILED
	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT				

IF THE ASSEMBLY FAILS THE INITIAL TEST FOR ANY REASON, COMPLETE THIS SECTION AND NOTE REPAIR BELOW

R E P A I R S	1 / CLEANED REPLACED 2 / DISC 3 / SPRING 4 / GUIDE 5 / PIN RETAINER 6 / HINGE PIN 7 / SEAT 8 / DIAPHRAGM 9 / OTHER, DESCRIBE	20 / CLEANED REPLACED 21 / DISC 22 / SEAT 23 / OTHER DESCRIBE	30 / CLEANED REPLACED 31 / DISC 32 / SEAT 33 / GUIDE 34 / PIN RETAINER 35 / HINGE PIN 36 / SEAT 37 / DIAPHRAGM 38 / OTHER, DESCRIBE	50 / CLEANED REPLACED 51 / DISC, UPPER 52 / DISC, LOWER 53 / SPRING 54 / DIAPHRAGM, LARGE 55 / UPPER 56 / LOWERR 57 / DIAPHRAGM, SMALL 58 / UPPER 59 / LOWER 60 / SPACER, LOWER 61 / OTHER, DESCRIBE	70 / CLEANED REPLECED 71 / VENT DISC 72 / VENT SPRING 73 / POPPET 74 / RETAINER 75 / SPRING 76 / DISC 77 / GUIDE 78 / OHER	R E S U L T S			
	RE-TEST	PRESSURE DIFFERENTIAL ACROSS FIRST CHECK VALVE (NO FLOW) RE-TEST _____ kPa _____ Psi				RE-TEST RESULTS			
	RE-TEST DATE YY MM DD	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	LEAKED CLOSED TIGHT	FAILED TO OPEN OPENED AT _____ kPa _____ Psi	AIR INLET VALVE FAILED TO OPEN OPENED	CHECK VALVE LEAKED CLOSED TIGHT

Remarks – Reason for failure (If apparent)

I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY IN ACCORDANCE WITH CSA. B64.10.1-01	Signature of Certified Tester	Date YY MM DD
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