

BACKFLOW PREVENTION DEVICE TEST REPORT

Address 123 Main St.		Postal Code: A1A 1A1
Occupant ABC Property	Emergency Contact Person Fred	Telephone: 123-456-7890
		Email: abc@abcproperty.com
Owner		Telephone:
Address of Owner		Postal Code:
Name of Certified Tester John Smith	Tester Certification Number 12345R67	Telephone 519-579-6740
Business Name Conestogo Mechanical Inc.	Business Address 50 Dumart Place Kitchener, Ontario N2K 3C7	Email gdelivery@conestogomech.com
Make of TEST KIT Wilkins	Model Number TG-5	Serial Number 05131536
		Date of Last Calibration February 18, 2018

Device Location Parking Garage Purpose of Device Premise

Test Date 01 / 01 / 2019 RP DCVA PVB

Make Watts Model 001 Serial # 123456 Size 1.5"

Initial Test Annual Test Passed Failed Line Pressure 70

REDUCED PRESSURE BACKFLOW ASSEMBLY

Check Valve No. 1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 1 Check _____	Check Valve No. 2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 2 Check _____	Relief Valve <input type="checkbox"/> Failed to Open Opened at _____ Buffer Number + 3 Buffer Total = _____
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Shut off valve No. 2 Leaked Closed Tight (Total should be = or Less than Diff. Valve 1)

<p style="text-align: center;">DOUBLE CHECK VALVE</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> </td> <td style="width: 50%; vertical-align: top;"> Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> </td> </tr> </table> <p>Pressure Differential Across No. 1 Check <u>1.3PSI</u></p>	Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	<p style="text-align: center;">PRESSURE VACUUM BREAKER Air Inlet Valve</p> <p>Opened At _____ <input type="checkbox"/> Failed to Open</p> <p>Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p> <p>Pressure Differential Across Check Valve _____</p>
Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>		

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

Tester Signature: John Smith Date: January 1, 2019