

**Environmental Services Department** 4305 Hamilton Rd. Dorchester, ON, Canada, N0L 1G3 Tel. (519) 268-7334 Fax (519) 268-3928

	BACKFL	OW PREVE	ENTION DE	VICE TEST	T REPOR	RT		
Address:						Postal Code		
Occupant:		Contact Person/s			Telephone			
					Email			
Owner:								
							_	
Address of the Owner							Postal Code	
Name of Certified Tester		Tester Certification Number			Telephone			
Business Name and Address	Postal Code			Email				
Make of TEST KIT Model Number		Serial Number			Calibration Expiry Dat		d/m/y)	
Device Location	Purpose of Device							
		·				_		
TEST DATE (d/m/y)		RP 🔵		DCVA		S/PVB 🔾		
Make Model		Serial #				•	Size	
Initial Test Annual Test		PASS FAIL			LINE PRESSUREpsi			
REDUCED PRESSURE BACK	KFLOW ASSE	MBLY						
Check Valve No. 1		Check Valve No. 2			Relief Valve Opened atpsi			
Leaked Closed Tight C		Leaked Closed Tight C			Pressure Differential across check 1psi			
Pressure Differentialpsi		Pressure Differentialpsi			Minus the opening of relief valvepsi			
Shut Off Valve #1 Leaked Closed		Shut Off Valve #2 Leaked Closed			BUFFER (3 psi or greater)psi			
DOUBLE CHECK VALVE					PRESSUR	F VACUUM	I BREAKER	
Check Valve No. 1		Check Valve No. 2			Air Inlet Valve			
Leaked Closed Tight C		Leaked Closed Tight C			Opened At	psi	Failed to open	$\bigcirc$
Pressure Differentialpsi		Pressure Differentialpsi			Check Valv	e	Leaked	$\bigcirc$
Shut Off Valve #1 Leaked Closed		Shut Off Valve #1 Leaked Closed					Closed Tight	$\bigcirc$
Shut Off Valve #1 Leaked	Pressure Dif				ferential	psi		
If assembly fails test, complete to the second seco	this section and	note repairs: (if	Device replaces	an existing devi		# of the exis	ting device)	