



BACKFLOW PREVENTION DEVICE TEST REPORT

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 Date (d/m/y)
Device Location		Purpose of Device	
TEST DATE (d/m/y)		RP <input type="radio"/>	DCVA <input type="radio"/>
		S/PVB <input type="radio"/>	
Make	Model	Serial #	Size
Initial Test <input type="radio"/>	Annual Test <input type="radio"/>	PASS <input type="radio"/>	FAIL <input type="radio"/>
			LINE PRESSURE _____ psi

REDUCED PRESSURE BACKFLOW ASSEMBLY		
Check Valve No. 1	Check Valve No. 2	Relief Valve Opened at _____ psi
Leaked <input type="radio"/> Closed Tight <input type="radio"/>	Leaked <input type="radio"/> Closed Tight <input type="radio"/>	Pressure Differential across check 1 _____ psi
Pressure Differential _____ psi	Pressure Differential _____ psi	Minus the opening of relief valve _____ psi
Shut Off Valve #1 Leaked <input type="radio"/> Closed <input type="radio"/>	Shut Off Valve #2 Leaked <input type="radio"/> Closed <input type="radio"/>	BUFFER (3 psi or greater) _____ psi

DOUBLE CHECK VALVE	PRESSURE VACUUM BREAKER
Check Valve No. 1	Check Valve No. 2
Leaked <input type="radio"/> Closed Tight <input type="radio"/>	Leaked <input type="radio"/> Closed Tight <input type="radio"/>
Pressure Differential _____ psi	Pressure Differential _____ psi
Shut Off Valve #1 Leaked <input type="radio"/> Closed <input type="radio"/>	Shut Off Valve #1 Leaked <input type="radio"/> Closed <input type="radio"/>
	Air Inlet Valve
	Opened At _____ psi Failed to open <input type="radio"/>
	Check Valve Leaked <input type="radio"/>
	Closed Tight <input type="radio"/>
	Pressure Differential _____ psi

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

Tester Signature:	Date d/m/y
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