



## BACKFLOW PREVENTION DEVICE TEST REPORT

Address		Postal Code:	
Occupant	Emergency Contact Person	Telephone:	
		Email:	
Owner		Telephone:	
Address of Owner		Postal Code:	
Name of Certified Tester	Tester Certification Number	Telephone:	
Business Name	Business Address	Email:	
Make of TEST KIT	Model Number	Serial Number	Date of Last Calibration
Device Location		Purpose of Device	
Test Date	RP <input type="checkbox"/>	DCVA <input type="checkbox"/>	PVB <input type="checkbox"/>
	ASVB <input type="checkbox"/>		
Make	Model	Serial #	Size
Initial Test <input type="checkbox"/>	Annual Test <input type="checkbox"/>	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
			Line Pressure
<b>REDUCED PRESSURE BACKFLOW ASSEMBLY</b>			
<b>Check Valve No. 1</b> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 1 Check	<b>Check Valve No. 2</b> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 2 Check	<b>Relief Valve</b> <input type="checkbox"/> Failed to Open Opened at <input type="checkbox"/> Closed tight	
Shut off valve No. 2 <input type="checkbox"/> Leaked			
<b>DOUBLE CHECK VALVE ASSEMBLY</b>		<b>PRESSURE VACUUM BREAKER</b>	
<b>Check Valve No. 1</b> With Flow <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 1 Check	<b>Check Valve No. 2</b> With Flow <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 2 Check	<b>Air Inlet Valve</b> Opened At <input type="checkbox"/> Failed to Open <b>Check Valve</b> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across Check Valve	
If assembly fails test, complete this section and note repairs: <b>(If Device replaces an existing device, list Serial # of existing device.)</b>			
Tester Signature:		Date:	

**Water and Wastewater Operations**  
Public Works

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