



PRIVATE BACKFLOW DEVICE TEST FORM

FACILITY ADDRESS				OCCUPANT			CONTACT		PHONE		
OWNER			OWNER ADDRESS				POSTAL CODE		PHONE		
SERIAL #		ASSET #		MAKE	MODEL		SIZE		INSTALL DATE YYYY/MM/DD		
INSTALLED ON WHAT SYSTEM DOMESTIC [] FIRE [] IRRIGATION [] OTHER _____					LOCATION OF ASSEMBLY						
TESTER CERTIFICATION #			TESTER EQUIPMENT #			TESTER NAME			PHONE (705) 340 3255		
BUSINESS NAME			BUSINESS ADDRESS				POSTAL CODE		FAX		
TYPE OF TEST: INITIAL [] ANNUAL [] REPAIR [] REPLACES SERIAL# _____					TYPE OF DEVICE: RP [] DCVA [] PVB [] SRPVB [] Other _____						
T E S T	RP	CHECK VALVE #1		CHECK VALVE #2		DCVA		PVB ASSEMBLY		SHUT OFF VALVES	
	RELIEF VALVE FAILED TO OPEN []	LEAKED [] CLOSED TIGHT []		LEAKED [] CLOSED TIGHT []		CHECK VALVE #1	CHECK VALVE #2	AIR INLET VALVE	CHECK VALVE	#1	#2
	PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (no flow) A _____ psi OPENED [] OPENING POINT OF RELIEF VALVE (2psi or greater) - B _____ psi BUFFER (3 psi or greater) A - B = C = C _____ psi				LEAKED [] CLOSED TIGHT []	LEAKED [] CLOSED TIGHT []	FAILED TO OPEN [] OPENED []	LEAKED [] CLOSED TIGHT []	[] LEAKED [] [] CLOSED []		
	STATIC INLINE PRESSURE AT TIME OF TEST _____ psi					TEST RESULT PASS [] FAIL []		TEST DATE YYYY / MM / DD			
	IF THE DEVICE FAILS THE INITIAL TEST FOR ANY REASON, COMPLETE THE SECTION BELOW, NOTING THE REPAIRS AND RETEST RESULTS.										
R E P A I R	CHECK APPLICABLE VALVE(S): RELIEF VALVE [] CHECK VALVE #1 [] CHECK VALVE #2 [] AIR INLET VALVE [] SHUT OFF VALVE []										
	CHECK APPLICABLE REPAIR(S): CLEANED; REPLACED [] DISC [] SPRING [] DIAPHRAGM [] SEAT [] GUIDE [] O-RING [] POPPET [] REPAIR KIT []										
R E T E S T	RP ASSEMBLY	CHECK VALVE #1		CHECK VALVE #2		DCVA		PVB ASSEMBLY		SHUT OFF VALVES	
	RELIEF VALVE FAILED TO OPEN []	LEAKED [] CLOSED TIGHT []		LEAKED [] CLOSED TIGHT []		CHECK VALVE #1	CHECK VALVE #2	AIR INLET VALVE	CHECK VALVE	#1	#2
	PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (no flow) A _____ psi OPENED [] OPENING POINT OF RELIEF VALVE (2psi or greater) B _____ psi BUFFER (3 psi or greater) A - B = C = C _____ psi				LEAKED [] CLOSED TIGHT []	LEAKED [] CLOSED TIGHT []	FAILED TO OPEN [] OPENED []	LEAKED [] CLOSED TIGHT []	[] LEAKED [] [] CLOSED []		
	STATIC INLINE PRESSURE AT TIME OF TEST _____ psi					TEST RESULT PASS [] FAIL []		RETEST DATE YYYY / MM / DD			

SIGNATURE OF CERTIFIED TESTER: _____

DATE: _____

COMMENTS/ REMARKS: _____