Kawartha Lakes

PRIVATE BACKFLOW DEVICE TEST FORM

FACILITY ADDRESS		OCCUPANT	CONTACT	PHONE

OWNER	OWNER ADDRESS		POSTAL CODE	PHONE

DEVICE ISOLATING PREMISE? (YES/NO)	SERIAL #	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 _____

TEST

RP	CHECK VALVE #1	CHECK VALVE #2	DCVA		PVB ASSEMBLY		SHUT OFF VALVES	
	LEAKED [ ]	LEAKED [ ]						
RELIEF VALVE FAILED TO OPEN [ ]	CLOSED TIGHT [ ]	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

REPAIR

IF THE DEVICE FAILS THE INITIAL TEST FOR ANY REASON, COMPLETE THE SECTION BELOW, NOTING THE REPAIRS AND RETEST RESULTS.

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 [ ]

RETEST

RP ASSEMBLY	CHECK VALVE #1	CHECK VALVE #2	DCVA		PVB ASSEMBLY		SHUT OFF VALVES	
	LEAKED [ ]	LEAKED [ ]						
RELIEF VALVE FAILED TO OPEN [ ]	CLOSED TIGHT [ ]	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:_____