WINDSOR UTILITIES COMMISSION

TESTING AND INSPECTION REPORT FOR:

Reduced pressure principle backflow preventor (RP), double check valve backflow preventor (DCVA), pressure vaccum breaker (PVB), and spill resistant pressure vaccum breaker (SRPVB)

Location of Protection ☐ Zone ☐ Premise

Location address	Occupant	Party contacted			Telephone number
Owner	Address of owner		Postal Code		Telephone number
Type of device ☐ RP ☐ DCVA ☐ PVB ☐ SRPVB	Make of Device	Model number	Serial number	Size	Install Date YY MM DD
Location of Device(i.e. building, room number)			Water meter serial number	System Type ☐ Domestic ☐ Fire ☐ Irrigation	
Tester's certification number	Tester's Equipment number	Name of certified tester	Business name		Telephone number
Location address					Postal Code
Type of test(please check one) ☐ Initial ☐ Annual ☐ Replacement	Line pressure at time of test _____ ☐ kPa ☐ psi	Pressure differential across first check valve (no flow) _____ ☐ kPa ☐ psi		Pressure differential across second check valve (no flow) _____ ☐ kPa ☐ psi	

Test	Reduced Pressure principle backflow preventer / Double check valve backflow preventer: Check valve 2 With flow	Check valve 2 Against Flow	Shutt-off valve 2	Check valve 1 With flow	Check valve 1 Against Flow	Differential Pressure relief valve	Pressure vaccum breaker or spill-resistant presure vaccum breaker: Air inlet valve	Check valve	Test Results
Test Date YY MM DD	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Failed to open ☐ kPa ☐ Opened at _____ ☐ psi	☐ Failed to open kpa ☐ ☐ Opened at ___ psi ☐	☐ Leaked ☐ Closed tight	☐ Passed ☐ Failed

If the device falls the initial test for any reason, complete this section and note repair below

Repairs	1 ☐ Cleaned **Replaced** 2 ☐ Disc 3 ☐ Spring 4 ☐ Guide 5 ☐ Pin retainer 6 ☐ Hinge pin 7 ☐ Seat 8 ☐ Diaphragm 9 ☐ Other (describe)		20 ☐ Cleaned **Replaced** 21 ☐ Disc 22 ☐ Seat 23 ☐ Other (describe)	30 ☐ Cleaned **Replaced** 31 ☐ Disc 32 ☐ Spring 33 ☐ Guide 34 ☐ Pin retainer 35 ☐ Hinge pin 36 ☐ Seat 37 ☐ Diaphragm 38 ☐ Other (describe)		50 ☐ Cleaned **Replaced** 51 ☐ Disc, upper 52 ☐ Disc, lower 53 ☐ Spring 54 ☐ Diaphragm, large 55 ☐ Upper 56 ☐ Lower 57 ☐ Diaphragm, small 58 ☐ Upper 59 ☐ Lower 60 ☐ Spacer, lower 61 ☐ Other (describe)	70 ☐ Cleaned **Replaced** 71 ☐ Vent disc 72 ☐ Vent spring 73 ☐ Poppet 74 ☐ Retainer 75 ☐ Spring 76 ☐ Disc 77 ☐ Guide 78 ☐ Other (describe)		**Results**
Re-test			Pressure differential across check valves (no flow) re-test 1 _____ ☐ kPa 2 _____ ☐ psi						Re-test results ☐ Passed ☐ Failed
Test Date YY MM DD	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Failed to open ☐ kPa ☐ Opened at _____ ☐ psi	☐ Failed to open ☐ kpa ☐ Opened at ____ ☐ psi	☐ Leaked ☐ Closed tight	

Remarks - reason for failure (if apparent)		
I certify that I have tested the above device in accordance with the city of Bylaw	Signature of certified tester	Date: YY MM DD
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