THE CORPORATION OF THE CITY OF ST. CATHARINES

www.stcatharines.ca

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Backflow Prevention Device Test Report
Reduced Pressure Principle Assembly

Municipal Works *Operations Division*
E-Mail Completed Form to backflow@stcatharines.ca

Facility Address:

Occupant (Business Name): Phone number:

Company Contact Name: E-Mail:

Property Owner/Contact: Phone number:

Mailing Address: E-Mail:

Qualified Tester (Name and Company): Phone number:

OWWA Certification #: Calibration Due Date of Test Equipment:

Make and Model of Test Equipment: Test Equipment Serial #:

Backflow Device Information

Device location in facility:		Source/Purpose:	Chemical Additive Type: ☐
Make:	Model:	Serial #:	Size:
Install date (DD/MM/YYYY):		Protection Type: ☐ premise isolation ☐ source/internal	
Test type: ☐ Initial ☐ Annual	Date of test (DD/MM/YYYY) :		

RP Assembly Test

Differential Pressure Relief Valve	**Check Valve No. 1**	**Check Valve No. 2**
☐ Failed to open ☐ Opened at _____ **Shut Off Valve 2** ☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight Pressure Differential Across Check Valve: _____	☐ Leaked ☐ Closed Tight Pressure Differential Across Check Valve: _____
Buffer = _____ (Pressure Differential Across Check Valve No. 1 minus the Pressure at which Relief Valve Opened)		
Test Result ☐ Passed ☐ Failed	Line pressure at time of test: _____	
If the device fails for any reason, complete this section and note repair below. Reason for failure:		

RP Assembly Repair

Differential Pressure Relief Valve	**Check Valve No. 1**	**Check Valve No. 2**	**Shut Off Valve 2**
☐ Cleaned **Replaced** ☐ Spring ☐ Diaphragm ☐ Seat ☐ Other:	☐ Cleaned **Replaced** ☐ Spring ☐ Diaphragm ☐ Seat ☐ Other:	☐ Cleaned **Replaced** ☐ Spring ☐ Diaphragm ☐ Seat ☐ Other:	**Replaced** ☐ Disc ☐ Seat ☐ Other:

RP Assembly Re-test

Differential Pressure Relief Valve	**Check Valve No. 1**	**Check Valve No. 2**
☐ Failed to open ☐ Opened at _____ **Shut Off Valve 2** ☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight Pressure Differential Across Check Valve: _____	☐ Leaked ☐ Closed Tight Pressure Differential Across Check Valve: _____
Buffer = _____ (the Pressure Differential Across Check Valve No. 1 minus the Pressure at which Relief Valve Opened)		
Test Result ☐ Passed ☐ Failed	Line pressure at time of test: _____	

I certify I have tested the above device in accordance with City of St. Catharines By-law No. 2005-200 amended by By-law No. 2010-107 and the CSA Std. B64.10/B64.10.1

Tester Signature: Date (DD/MM/YYYY):