



THE CORPORATION OF THE CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel: 905.688.5600
TTY: 905.688.4TTY (4889)

Backflow Prevention Device Test Report
Double Check Valve or Pressure Vacuum Breaker

Transportation and Environmental Services
Operations Division
Fax completed report to 905-646-6570

Facility Address:

Occupant (Business Name):

Phone number:

Company Contact Name:

Property Owner/Contact:

Phone number:

Mailing Address:

Qualified Tester (Name and Company):

OWWA Certification #:

Phone number:

Backflow Device Information

Device location in facility:			Type: <input type="checkbox"/> DCVA <input type="checkbox"/> PVB	
Make:	Model:	Serial #:	Size:	
Install date (DD/MM/YYYY):		Protection Type: <input type="checkbox"/> premise isolation <input type="checkbox"/> source/internal		
Test type: <input type="checkbox"/> Initial <input type="checkbox"/> Annual		Date of test (DD/MM/YYYY) :		

DCVA/PVB Assembly Test

Double Check Valve Assembly		Pressure Vacuum Breaker	
Check Valve No. 1 - with flow	Check Valve No. 2 - with flow	Check Valve	Air Inlet Valve
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Failed to open
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____
Pressure Differential Across Check Valve No. 1: _____	Pressure Differential Across Check Valve No. 2: _____	Pressure Differential Across Check Valve: _____	
Test Result <input type="checkbox"/> Passed <input type="checkbox"/> Failed		Line pressure at time of test: _____	
If the device fails for any reason, complete this section and note repair below			
Reason for failure:			

DCVA/PVB Assembly Repair

DCVA - Check Valve No. 1	DCVA - Check Valve No. 2	Pressure Vacuum Breaker
<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned
Replaced	Replaced	Replaced
<input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm	<input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm	<input type="checkbox"/> Vent Disc <input type="checkbox"/> Poppet
<input type="checkbox"/> Seat <input type="checkbox"/> Other:	<input type="checkbox"/> Seat <input type="checkbox"/> Other:	<input type="checkbox"/> Vent Spring <input type="checkbox"/> Other:

DCVA/PVB Assembly Re-test

Double Check Valve Assembly		Pressure Vacuum Breaker	
Check Valve No. 1 - with flow	Check Valve No. 2 - with flow	Check Valve	Air Inlet Valve
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Failed to open
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____
Pressure Differential Across Check Valve No. 1: _____	Pressure Differential Across Check Valve No. 2: _____	Pressure Differential Across Check Valve: _____	
Test Result <input type="checkbox"/> Passed <input type="checkbox"/> 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):