



**THE CORPORATION OF THE CITY OF ST. CATHARINES**

www.stcatharines.ca

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Backflow Prevention Device Test Report  
Reduced Pressure Principle Assembly

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:

|   |        |                             |   |
|---|--------|-----------------------------|---|
| 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) : |   |

**RP Assembly Test**

|  |   |   |
|--|---|---|
| <b>Differential Pressure Relief Valve</b><br><input type="checkbox"/> Failed to open<br><input type="checkbox"/> Opened at _____ | <b>Check Valve No. 1</b><br><input type="checkbox"/> Leaked<br><input type="checkbox"/> Closed Tight<br>Pressure Differential Across Check Valve: _____ | <b>Check Valve No. 2</b><br><input type="checkbox"/> Leaked<br><input type="checkbox"/> Closed Tight<br>Pressure Differential Across Check Valve: _____ |
| <b>Shut Off Valve 2</b><br><input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight                                 |   |   |

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: \_\_\_\_\_

If the device fails for any reason, complete this section and note repair below  
Reason for failure:

**RP Assembly Repair**

|   |  |  |  |
|---|--|--|--|
| <b>Differential Pressure Relief Valve</b><br><input type="checkbox"/> Cleaned<br><b>Replaced</b><br><input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Seat <input type="checkbox"/> Other: | <b>Check Valve No. 1</b><br><input type="checkbox"/> Cleaned<br><b>Replaced</b><br><input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Seat <input type="checkbox"/> Other: | <b>Check Valve No. 2</b><br><input type="checkbox"/> Cleaned<br><b>Replaced</b><br><input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Seat <input type="checkbox"/> Other: | <b>Shut Off Valve 2</b><br><b>Replaced</b><br><input type="checkbox"/> Disc <input type="checkbox"/> Seat<br><input type="checkbox"/> Other: |
|---|--|--|--|

**RP Assembly Re-test**

|  |   |   |
|--|---|---|
| <b>Differential Pressure Relief Valve</b><br><input type="checkbox"/> Failed to open<br><input type="checkbox"/> Opened at _____ | <b>Check Valve No. 1</b><br><input type="checkbox"/> Leaked<br><input type="checkbox"/> Closed Tight<br>Pressure Differential Across Check Valve: _____ | <b>Check Valve No. 2</b><br><input type="checkbox"/> Leaked<br><input type="checkbox"/> Closed Tight<br>Pressure Differential Across Check Valve: _____ |
| <b>Shut Off Valve 2</b><br><input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight                                 |   |   |

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):