



THE CORPORATION OF THE CITY OF ST. CATHARINES

www.stcatharines.ca

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

Transportation and Environmental Services
Operations Division
E-mail 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: | | 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"/> Closed Tight | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Failed to open <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 Replaced <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other: | <input type="checkbox"/> Cleaned Replaced <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other: | <input type="checkbox"/> Cleaned Replaced <input type="checkbox"/> Vent Disc <input type="checkbox"/> Poppet <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"/> Closed Tight | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Failed to open <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):