

Testing and Inspection Report

Double Check Valve Assembly / Pressure Vacuum Breaker / Reduced Pressure Principle

06/21

Distribution Copies	Regional Plumbing Inspector (Photocopy) Occupant or Owner (Original) Licensed Tester (Photocopy)
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OFFICE USE ONLY			
Site No.	Permit No.	Device No.	

PLEASE PRINT CLEARLY

Site Name / Occupancy			
Civic Number	Street	City	
Postal Code	Prov.	Telephone	Site Usage

Site Owner	Site Owner's email	
Civic Number	Street	City
Postal Code	Prov.	Telephone

Certified Tester	Company Name	Licence No.	Telephone
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Make of Test Kit	Model No.	Serial No.	Calibration Due Date	Year	Month	Day
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<input type="checkbox"/> Double Check Valve Assembly	<input type="checkbox"/> Reduced Pressure Principle	<input type="checkbox"/> Pressure Vacuum Breaker (Spill Resistant <input type="checkbox"/> Yes)	
Make of Assembly	Model No.	Serial No.	Size
Location of Assembly in Building			
Level of Protection	<input type="checkbox"/> Premise	<input type="checkbox"/> Area	<input type="checkbox"/> Zone <input type="checkbox"/> Individual
Type of Test	<input type="checkbox"/> Initial <input type="checkbox"/> Repair <input type="checkbox"/> Annual	Date of Test	Year Month Day
	Line Pressure at Time of Test	kPa <input type="checkbox"/> psi <input type="checkbox"/>	Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail
			Final Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tests	Step Component	Test	Requirement	Initial Test	Final Test
REDUCED PRESSURE	1: Relief Valve	Differential pressure relief valve opened at	(2 PSID minimum)		
	2: Shut Off Valve # 2	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight			
	3: Check Valve # 2	Reverse flow <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight			
	4: Check Valve # 1	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight			
	5: Check Valve # 1	Pressure differential across 1 st check			
	6: Buffer	(Pressure drop across 1 st check minus opening point of relief valve) (min. 3 psi)			
DOUBLE CHECK VALVE ASSEMBLY	1: Check Valve # 1	Differential pressure in direction of flow	1.0 PSID min		
	2: Check Valve # 2	Differential pressure in direction of flow	1.0 PSID min		
PRESSURE VACUUM BREAKER	1: Air Inlet Valve	Opening Differential	1.0 PSID min		
	2: Check Valve	Closes tight in direction of flow	1.0 PSID min		

If the assembly fails the initial test for any reason, complete this section and note repair below

Comments - Reason for failure (if apparent)	
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NOTE: PLEASE CONTACT YOUR MUNICIPALITY TO DETERMINE WHETHER THEY ALSO REQUIRE A COPY OF THIS REPORT

REDUCED PRESSURE PRINCIPLE

REPAIRS	Differential Pressure Relief Valve			Check Valve No. 1		Check Valve No. 2		Shut Off Valve No. 2	
	<input type="checkbox"/> Cleaned	Replaced		<input type="checkbox"/> Cleaned	Replaced	<input type="checkbox"/> Cleaned	Replaced	<input type="checkbox"/> Cleaned	Replaced
	<input type="checkbox"/> Disc Upper	<input type="checkbox"/> Diaphragm Sm	<input type="checkbox"/> Diaphragm Lg	<input type="checkbox"/> Disc	<input type="checkbox"/> Pin Retainer	<input type="checkbox"/> Disc	<input type="checkbox"/> Pin Retainer	<input type="checkbox"/> Disc	
	<input type="checkbox"/> Disc Lower	<input type="checkbox"/> Upper	<input type="checkbox"/> Upper	<input type="checkbox"/> Spring	<input type="checkbox"/> Hinged Pin	<input type="checkbox"/> Spring	<input type="checkbox"/> Hinged Pin	<input type="checkbox"/> Seat	
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spacer	<input type="checkbox"/> Lower	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Seat	<input type="checkbox"/> Other _____		<input type="checkbox"/> Seat	<input type="checkbox"/> Other _____	<input type="checkbox"/> Seat	<input type="checkbox"/> Other _____		

DOUBLE CHECK VALVE ASSEMBLY

REPAIRS	Check Valve No. 1			Check Valve No. 2			PRESSURE VACUUM BREAKER		
	<input type="checkbox"/> Cleaned	Replaced		<input type="checkbox"/> Cleaned	Replaced		<input type="checkbox"/> Cleaned	Replaced	
	<input type="checkbox"/> Spring	<input type="checkbox"/> Guide	<input type="checkbox"/> Pin Retainer	<input type="checkbox"/> Spring	<input type="checkbox"/> Guide	<input type="checkbox"/> Pin Retainer	<input type="checkbox"/> Vent Spring	<input type="checkbox"/> Poppet	<input type="checkbox"/> Retainer
	<input type="checkbox"/> Hinged Pin	<input type="checkbox"/> Seat	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Hinged Pin	<input type="checkbox"/> Seat	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Spring	<input type="checkbox"/> Disc	<input type="checkbox"/> Guide
		<input type="checkbox"/> Disc	<input type="checkbox"/> Other _____		<input type="checkbox"/> Disc	<input type="checkbox"/> Other _____		<input type="checkbox"/> Vent Disc	<input type="checkbox"/> Other _____

I certify that I have tested the above device in accordance with New Brunswick Regulation 84-187 under the Plumbing Installation and Inspection Act.

Signature of Tester	Year	Month	Day
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