

# Testing and Inspection Report

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

10/23

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

PLEASE PRINT CLEARLY

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

Site Owner			
Civic Number	Street	City	
Postal Code	Prov.	Telephone	Email

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
Type of Test	<input type="checkbox"/> Initial <input type="checkbox"/> Repair	Date of Test	Year	Month	Day
	<input type="checkbox"/> Annual				
Line Pressure at Time of Test		kPa <input type="checkbox"/>	Initial Test	Final Test	
		psi <input type="checkbox"/>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<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 <sup>st</sup> check			
	6: Buffer	(Pressure drop across 1 <sup>st</sup> 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"/> Disc Lower <input type="checkbox"/> Spring <input type="checkbox"/> Seat	<input type="checkbox"/> Diaphragm Sm <input type="checkbox"/> Upper <input type="checkbox"/> Spacer <input type="checkbox"/> Other _____	<input type="checkbox"/> Diaphragm Lg <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat	<input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinged Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat	<input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinged Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other _____	<input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> Other _____	

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