

# Testing and Inspection Report

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

05/19

Distribution Copies: \_\_\_\_\_  
 Regional Plumbing Inspector (Photocopy)  
 Occupant or Owner (Original)  
 Licensed Tester (Photocopy)

**Plumbing Permit Number:** \_\_\_\_\_ (Required for Initial)  
**Backflow Replacement**  YES  NO  
 (If yes, indicate the serial number to be taken out of service) : \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**Site Name / Occupancy** \_\_\_\_\_

Civic Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Prov. \_\_\_\_\_ Telephone \_\_\_\_\_ Site Usage \_\_\_\_\_

**Site Owner** \_\_\_\_\_

Civic Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Prov. \_\_\_\_\_ Telephone \_\_\_\_\_

Certified Tester \_\_\_\_\_ Company Name \_\_\_\_\_ Licence No. \_\_\_\_\_ Telephone \_\_\_\_\_

Make of Test Kit \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_ Calibration Due Date \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Double Check Valve Assembly  Reduced Pressure Principle  Pressure Vacuum Breaker (Spill Resistant  Yes)

Make of Assembly \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_ Size \_\_\_\_\_

Location of Assembly in Building \_\_\_\_\_

Level of Protection  Premise  Area  Zone  Individual

Type of Test  Initial  Repair  Annual  Date of Test Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Line Pressure at Time of Test \_\_\_\_\_ kPa  psi  Initial Test  Pass  Fail Final Test  Pass  Fail

Tests	Step Component	Test	Requirement	Initial Test	Final Test
<b>REDUCED PRESSURE</b>	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)			
<b>DOUBLE CHECK VALVE ASSEMBLY</b>	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		
<b>PRESSURE VACUUM BREAKER</b>	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) \_\_\_\_\_

**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"/> Seat
	<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"/> Other _____
	<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 \_\_\_\_\_