

Testing & Inspection Report

Double Check Valve Assembly / Pressure Vacuum Breaker

PROJECT LOCATION			POSTAL CODE		
OCCUPANT		PARTY CONTACTED		TELEPHONE	
OWNER				TELEPHONE	
ADDRESS OF OWNER			POSTAL CODE		
NAME OF CERTIFIED TESTER		TESTER CERTIFICATION NUMBER		TELEPHONE	
BUSINESS NAME		BUSINESS ADDRESS		POSTAL CODE	
MAKE OF TEST KIT		MODEL NUMBER		SERIAL NUMBER	
				DATE OF LAST CALIBRATION	

DOUBLE CHECK VALVE ASSEMBLY / PRESSURE VACUUM BREAKER

TYPE OF ASSEMBLY			MODEL NUMBER			SERIAL NUMBER			SIZE		
DCVA <input type="checkbox"/> PVB <input type="checkbox"/>											
INSTALL DATE			LOCATION OF ASSEMBLY (i.e: building, room number, installed on what system)								
YY MM DD											
TYPE OF TEST			DATE OF TEST			LINE PRESSURE AT TIME OF TEST			Psi kPa		
INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/>			YY MM DD								

TEST	CHECK VALVE NO. 1		CHECK VALVE NO. 2		PRESSURE VACUUM BREAKER		TEST RESULTS
	WITH FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check _____ kPa _____ Psi	AGAINST FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ kPa _____ Psi	WITH FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check _____ kPa _____ Psi	AGAINST FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ kPa _____ Psi	AIR INLET VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED AT _____ kPa _____ Psi	CHECK VALVE <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check _____ kPa _____ Psi	

IF THE ASSEMBLY FAILS THE INITIAL TEST FOR ANY REASON, COMPLETE THIS SECTION AND NOTE REPAIR BELOW:

Reason for failure (if apparent) _____

REPAIRS	DOUBLE CHECK VALVE ASSEMBLY				PRESSURE VACUUM BREAKER				DATE OF RE-TEST
	CHECK VALVE NO. 1		CHECK VALVE NO. 2		PRESSURE VACUUM BREAKER				
	CLEANED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGED PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER (describe) _____	REPLACED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEANED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGED PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER (describe) _____	REPLACED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEANED <input type="checkbox"/> VENT DISC <input type="checkbox"/> VENT SPRING <input type="checkbox"/> POPPET <input type="checkbox"/> RETAINER <input type="checkbox"/> SPRING <input type="checkbox"/> DISC <input type="checkbox"/> GUIDE <input type="checkbox"/> OTHER (describe) _____	REPLACED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			YY MM DD
RE-TEST	WITH FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check _____ kPa _____ Psi	AGAINST FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ kPa _____ Psi	WITH FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check _____ kPa _____ Psi	AGAINST FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ kPa _____ Psi	AIR INLET VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED AT _____ kPa _____ Psi	CHECK VALVE <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure drop across check _____ kPa _____ Psi	RE-TEST RESULTS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>		

Remarks: _____

OFFICE USE ONLY

SIGNATURE OF CERTIFIED TESTER DATE YY MM DD

Permits
Tel. 905-874-2401
Fax 905-874-2499

Inspections
Tel. 905-874-3700
Fax 905-874-3763

Zoning Services
Tel. 905-874-2090
Fax 905-874-2499