BRAMPTON Flower City
brampton.ca

Planning, Design and Development
Building Division
8850 McLaughlin Road, Unit 1
Brampton, ON, L6Y 5T1

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 ☐ DCVA ☐ PVB | MODEL NUMBER | SERIAL NUMBER | SIZE

INSTALL DATE YY MM DD | LOCATION OF ASSEMBLY (i.e: building, room number, Installed on what system)

TYPE OF TEST ☐ INITIAL ☐ ANNUAL | DATE OF TEST YY MM DD | LINE PRESSURE AT TIME OF TEST Psi kPa

TEST	CHECK VALVE NO. 1		CHECK VALVE NO. 2		PRESSURE VACUUM BREAKER		TEST RESULTS
	WITH FLOW	AGAINST FLOW	WITH FLOW	AGAINST FLOW	AIR INLET VALVE	CHECK VALVE	
	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	☐ FAILED TO OPEN ☐ OPENED AT	☐ LEAKED ☐ CLOSED TIGHT	PASSED ☐ FAILED ☐
	Pressure drop across check ____ kPa Psi		Pressure drop across check ____ kPa Psi		____ kPa Psi	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	REPLACED	CLEANED	REPLACED	CLEANED	REPLACED	YY MM DD
	☐ DISC	☐	☐ DISC	☐	☐ VENT DISC	☐	
	☐ SPRING	☐	☐ SPRING	☐	☐ VENT SPRING	☐	
	☐ GUIDE	☐	☐ GUIDE	☐	☐ POPPET	☐	
	☐ PIN RETAINER	☐	☐ PIN RETAINER	☐	☐ RETAINER	☐	
	☐ HINGED PIN	☐	☐ HINGED PIN	☐	☐ SPRING	☐	
	☐ SEAT	☐	☐ SEAT	☐	☐ DISC	☐	
	☐ DIAPHRAGM	☐	☐ DIAPHRAGM	☐	☐ GUIDE	☐	
	☐ OTHER (describe)	☐	☐ OTHER (describe)	☐	☐ OTHER (describe)	☐	

RE-TEST	WITH FLOW	AGAINST FLOW	WITH FLOW	AGAINST FLOW	AIR INLET VALVE	CHECK VALVE	RE-TEST RESULTS
	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	☐ FAILED TO OPEN ☐ OPENED AT	☐ LEAKED ☐ CLOSED TIGHT	PASSED ☐ FAILED ☐
	Pressure drop across check ____ kPa Psi		Pressure drop across check ____ kPa Psi		____ kPa Psi	Pressure drop across check ____ kPa Psi	

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

Revised: February, 2011