

Testing & Inspection Report

Reduced Pressure Principle Backflow Prevention Assembly

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

REDUCED PRESSURE PRINCIPAL BACKFLOW PREVENTION ASSEMBLY

MAKE OF ASSEMBLY	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 <input type="checkbox"/>	ANNUAL <input type="checkbox"/>	
	DATE OF TEST		YY MM DD
SHUT OFF VALVE NO. 2		LINE PRESSURE AT TIME OF TEST	
LEAKED <input type="checkbox"/>		CLOSED TIGHT <input type="checkbox"/>	
		Psi	kPa

TEST	DIFFERENTIAL PRESSURE RELIEF VALVE		CHECK VALVE NO. 1		CHECK VALVE NO. 2		TEST RESULTS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>
	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> OPENED AT _____ Psi _____ kPa	<input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT	
PRESSURE DIFFERENTIAL ACROSS _____ kPa FIRST CHECK VALVE (NO FLOW) _____ Psi		PRESSURE DIFFERENTIAL ACROSS _____ kPa FIRST CHECK VALVE (NO FLOW) _____ Psi		PRESSURE DIFFERENTIAL ACROSS _____ kPa FIRST CHECK VALVE (NO FLOW) _____ Psi			

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

Reason for failure (if apparent) _____

REPAIRS	DIFFERENTIAL PRESSURE RELIEF VALVE		CHECK VALVE NO. 1		CHECK VALVE NO. 2		SHUT OFF VALVE NO.2	
	CLEANED	REPLACED	CLEANED	REPLACED	CLEANED	REPLACED	CLEANED	REPLACED
<input type="checkbox"/>	DISC UPPER	<input type="checkbox"/>	<input type="checkbox"/>	DISC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DISC
<input type="checkbox"/>	DISC LOWER	<input type="checkbox"/>	<input type="checkbox"/>	SPRING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAT
<input type="checkbox"/>	SPRING	<input type="checkbox"/>	<input type="checkbox"/>	GUIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (DESCRIBE)
<input type="checkbox"/>	DIAPHRAGM LARGE	<input type="checkbox"/>	<input type="checkbox"/>	PIN RETAINER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	UPPER	<input type="checkbox"/>	<input type="checkbox"/>	HINGED PIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	LOWER	<input type="checkbox"/>	<input type="checkbox"/>	SEAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	DIAPHRAGM SML	<input type="checkbox"/>	<input type="checkbox"/>	DIAPHRAGM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	UPPER	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (DESCRIBE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	LOWER	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	SPACER LOWER	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	SEAT	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	OTHER (DESCRIBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DATE OF RE-TEST		YEAR		MONTH		DAY		
RE-TEST	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT	RE-TEST RESULTS		
	<input type="checkbox"/> OPENED AT _____ Psi _____ kPa	PRESSURE DIFFERENTIAL ACROSS _____ kPa FIRST CHECK VALVE (NO FLOW) _____ Psi		PRESSURE DIFFERENTIAL ACROSS _____ kPa FIRST CHECK VALVE (NO FLOW) _____ Psi		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