



# Testing & Inspection Report

## Reduced Pressure Principle Backflow Prevention Assembly

Municipality of Strathroy-Caradoc  
 Environmental Services  
 52 Frank St., Strathroy, ON, N7G 2R4

Address Location		Postal Code
Occupant		Telephone Number
Owner Name		Telephone Number
Address of Owner		Postal Code
Name of Certified Tester	OWWA/AWWA Tester Certification Number	Telephone Number
Business Name	Business Address	Postal Code
Make of Test Kit	Model Number	Serial Number
		Date of last Calibration (YYYYMMDD)

### Reduced Pressure Principle Backflow Prevention Assembly

Make of Assembly	Model Number	Serial Number	Size
Location of Device in Building		Install Date	YYYY MM DD
Type of Test <input type="checkbox"/> Initial <input type="checkbox"/> Annual	Date of Test YYYY MM DD	Shut-Off Valve No. 2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	Line pressure at time of test _____ psi _____ kPa
<b>TEST</b>	<b>Differential Pressure Relief Valve</b>	<b>Check Valve No. 1</b>	<b>Check Valve No. 2</b>
	<input type="checkbox"/> Malfunctioned/Failed to Open <input type="checkbox"/> Opened at: _____psi _____ kPa	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure differential across first check valve (no flow): _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure differential across second check valve (no flow): _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa
			<b>Test Results</b> <input type="checkbox"/> Passed <input type="checkbox"/> Failed

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

Reason for failure (if apparent): \_\_\_\_\_

Repairs completed by (Plumbing Contractor): \_\_\_\_\_

	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	
<b>REPAIRS</b>	<input type="checkbox"/>	Disc Upper Disc lower Spring Diaphragm lg Upper Lower Diaphragm sm Upper Lower Spacer lower Seat Other (describe)	<input type="checkbox"/>	Disc Spring Guide Pin retainer Hinged pin Seat Diaphragm Other (describe)	<input type="checkbox"/>	Disc Spring Guide Pin retainer Hinged pin Seat Diaphragm Other (describe)	<input type="checkbox"/>	Disc Seat Other (describe)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<b>DATE OF RE-TEST</b>		
							Year (YYYY)	Month (MM)	Day (DD)
<b>RE-TEST</b>	<input type="checkbox"/> Malfunctioned/Failed to Open <input type="checkbox"/> Opened at: _____psi _____ kPa		<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure differential across first check valve (no flow): _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa		<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure differential across second check valve (no flow): _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa		<b>RE-TEST RESULTS</b>		
							<input type="checkbox"/> Passed <input type="checkbox"/> Failed		

Remarks: \_\_\_\_\_

I certify that I have tested the above assembly in accordance with the Municipality of Strathroy-Caradoc Water Supply Control By-Law	Signature of Certified Tester	Date	YYYY	MM	DD
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