

## **Testing & Inspection Report** Double Check Valve Assembly/Pressure Vacuum Breaker

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 Nun	nber	Serial Number	Date of last Calibration (YYYYMMDD)

## Double Check Valve Assembly/Pressure Vacuum Breaker

Type of Asser	mbly D PVB	Make of Assembl	ly	Model Nur	nber	Serial N	Number	Size			
Location of As	ation of Assembly in Building					YYYY	MM	DD			
Type of Test					Line pressure at time of test psi kPa						
	Check Va	ve No. 1	o. 1 Check Val		lve No. 2	Pre	Pressure Vacuum Breaker			Test Results	
TEST	With FLOW Leaked Closed tight Pressure drop across psi	Against FLOW Leaked Closed tight check valve: kPa	Lea Clo		Against FLOW  Leaked Closed tight check valve: kPa	☐ Malf ☐ Oper	et Valve unctioned ned at: sikPa	Check Valve Leaked Closed tight Pressure drop across check valvepsikPa		PASSED 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):

	Check Valve No. 1		Check Valve No. 2		Pressure Vacuum Breaker			reaker	DATE OF RE-TEST				
SS	Cleaned	Disc	Replaced	Cleaned	Disc Spring	Replaced □	Cleaned	Vent Di		Replaced □ □	Year (YYYY)	Month (MM)	Day (DD)
REPAIR		Spring Guide Pin retainer Hinged pin Seat Diaphragm Other (describe)			Guide Pin retainer Hinged pin Seat Diaphragm Other (describe)			Poppet Retaine Spring Disc Guide Other (descril					
RE-TEST	With FLOW       Against FLOW         Leaked       Leaked         Closed tight       Closed tight         Pressure drop across check valve:           psi         kPa		With FLOW       Against FLOW         Leaked       Leaked         Closed tight       Closed tight         Pressure drop across check valve:           psi       kPa		☐ Malfund ☐ Opened	☐ Malfunctioned ☐ Lea ☐ Opened at: ☐ Clos		e drop across lve	RE-TEST RESULTS Passed Failed		_TS		
	Remark	s'		•			•						

I certify that I have tested the above assembly in	Signature of Certified Tester	Date	YYYY	MM	DD
accordance with the Municipality of Strathroy-			1		1
Caradoc Water Supply Control By-Law					