



Backflow Prevention Device Test Report

This report must be submitted to the Municipality of West Perth within 14 days of the test being conducted. Every person who tests a backflow prevention device must have successfully completed a cross connection course in backflow prevention device testing at an accredited school or college as defined in the CAN/CSA B64. 10-94. One report shall be filled out per device.

Facility Information

Building Address	U&E] a c
Owner	Owner Phone Number or Email
Contact Person	Contact Person Phone Number or Email

Tester's Information

Tester's Name	Company
Address	Postal Code
Phone Number	Email
Tester's Certificate Number	Test Kit Calibration Due Date

Device Information

Device Location		Test Date
Make	Model	Serial Number
<input type="checkbox"/> Reduced Pressure Device Type: <input type="checkbox"/> Double Check Valve <input type="checkbox"/> Pressure Vacuum Breaker	<input type="checkbox"/> Initial Test Type : <input type="checkbox"/> Annual <input type="checkbox"/> Retest	<input type="checkbox"/> Premise <input type="checkbox"/> Zone <input type="checkbox"/> Fixture
		Size
		Line pressure at time of test

Backflow Testing

Reduced Pressure Principle Assembly			
Relief Valve <input type="checkbox"/> Leaked Opened at: _____	Check Valve No.1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No.1 Check: _____	Check Valve No.2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No.2 Check: _____	Shut Off Valve No.2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight

Double Check Valve Assembly			
Check Valve No.1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	With Flow <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Pressure Differential Across No.1 Check: _____ Pressure Differential Across No.2 Check: _____

Pressure Vacuum Breaker Air Inlet Valve <input type="checkbox"/> Failed to Open Opened at: _____	Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Pressure Differential Across Check: _____	Test Results <input type="checkbox"/> Passed <input type="checkbox"/> Failed
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Note any repairs if assembly failed:

A copy of this form must be given to the Municipality of West Perth, the licensed tester, and the owner/ occupant. Completed forms can be dropped off at Town Hall or emailed to water@westperth.com.

Testers Signature: _____ Date: _____