

BUILDING SERVICES DIVISION
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BACKFLOW PREVENTION DEVICE TEST REPORT

Device Address								Postal Code	
Occupant			Contact Person/s				Telephone		
							E-mail		
Owner					Telephone				
Address of Owner Postal Code									
Name of Certified Tester				Tester Certification Number			Telephone		
Business Name & Address				Postal Code E-			E-mail	Ē-mail	
Make of TEST KIT Model Number				Carial Murahan					
Make of TEST KIT Model Number				Serial Number Calibration Ex m/d/yy			Calibration Expiry D m/d/yy	ate	
Device Location	Purpose of Device								
TEST DATE	RP 🗌		DCV	A S/PVB					
m/d/yy Make	Model			Serial #					
								SIZE	
Initial Test Annual Test			PASS FAIL				LINE PRESSURE psi		
REDUCED PRESSURE BACKFLOW ASSEMBLY									
Check Valve No. 1 Check			check Valve No. 2				Relief Valve Opened at psi		
☐ Leaked ☐ Closed Tight			☐ Leaked ☐ Closed Tight				Pressure differential across check 1 psi		
Pressure Differential psi			Pressure Differentialpsi				Minus the opening of relief valve psi		
Shut Off Valve #1 Leaked	Shu	Shut Off Valve #2 Leaked Closed				BUFFER (3 psi or greater) psi			
DOUBLE CHECK VALVE						PRESSURE VACUUM BREAKER			
Check Valve No. 1 Check V			k Valve No. 2 Air In			Air Inlet V			
☐ Leaked ☐ Closed Tight ☐ Leaked ☐ Clos			iked Close	d Tight	ight Opened Atpsi			ed to Open	
Pressure Differential psi Pressure Differ			Differential _	fferentialpsi Check			alve		
				🗆 🕶				Closed Tight	
Shut Off Valve #1 Leaked Closed Shut Off Valve #2 L			eaked L Cl	osed	Pressure Differentialpsi				
If assembly fails test, complete this section and note repairs: (If Device replaces an existing device list Serial # of existing device.)									
Tester Signature:						Date m/d/yy			
Suto mayy									