



The Corporation of the Township of Wilmot

60 Snyder's Road West, Baden, Ontario N3A 1A1

Development Services Department
t. 519.634.8444 f. 519.634.5044

Backflow Prevention Device Inspection and Testing Report

Must be completed legibly and must be submitted to Development Services within 14 days of test

PROPERTY INFORMATION

Address of Property:		
Owner's Name & Mailing Address:		Phone: <input type="text"/>
Tenant (if applicable):		

TESTER INFORMATION

Company Name & Mailing Address:			Phone: <input type="text"/>
Individual's Name:		Test Gauge Serial No:	<input type="text"/>
Certificate Number:		Date of Last Calibration:	<input type="text"/>

DEVICE INFORMATION

Location of Device:	<input type="text"/>		
Type:	<input type="checkbox"/> RP	<input type="checkbox"/> DCVA	<input type="checkbox"/> PVB
Make:	<input type="text"/>	Line Pressure:	<input type="text"/> psi
Model:	<input type="text"/>	Size:	<input type="text"/>
		Serial No.:	<input type="text"/>

TEST INFORMATION

Date of Test:

Passed

Failed (provide comments on reverse)

Type of Test:

Initial

Annual

Re-Test

Reduced Pressure Principle Assembly

Check Valve #1	Check Valve #2	Diff. Press. Relief Valve	Shut Off Valve #2
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Failed to Open	<input type="checkbox"/> Leaked
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at <input type="text"/> psi	<input type="checkbox"/> Closed Tight
Press. Diff #1 Check <input type="text"/> psi	Press. Diff #2 Check <input type="text"/> psi		

Double Check Valve Assembly

Check Valve #1	Check Valve #2	Shut Off Valve #2
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight
Pressure Diff #1 Check <input type="text"/> psi	Pressure Diff #2 Check <input type="text"/> psi	

Pressure Vacuum Breaker

Air Inlet Valve	Check Valve
<input type="checkbox"/> Failed to Open	<input type="checkbox"/> Leaked
<input type="checkbox"/> Opened at <input type="text"/> psi	<input type="checkbox"/> Closed Tight
Press. Diff. Across Check <input type="text"/> psi	

Tester's Name (Print): _____

Tester's Signature: _____

Date: _____