

TESTING AND INSPECTION REPORT
DOUBLE CHECK VALVE ASSEMBLY
AND PRESSURE VACUUM BREAKER

ADDRESS LOCATION		OCCUPANT	
OWNER OF DEVICE			
OWNER CONTACT		TELEPHONE	
ADDRESS OF OWNER		POSTAL CODE	
NAME OF CERTIFIED TESTER		TESTER CERTIFICATION NUMBER	TELEPHONE
BUSINESS NAME		BUSINESS ADDRESS	POSTAL CODE
MAKE OF TEST KIT	MODEL NUMBER	SERIAL NUMBER	DATE KIT WAS LAST CALIBRATED YY MM DD

DOUBLE CHECK VALVE ASSEMBLY PRESSURE VACUUM BREAKER

TYPE OF ASSEMBLY <input type="checkbox"/> DCVA <input type="checkbox"/> PVB	MAKE OF ASSEMBLY	MODEL NUMBER	SERIAL NUMBER	SIZE				
LOCATION OF ASSEMBLY IN BUILDING			PURPOSE OF DEVICE					
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL	DATE OF TEST YY MM DD	LINE PRESSURE AT TIME OF TEST	<input type="checkbox"/> kPa <input type="checkbox"/> PSI					
T E S T	DOUBLE CHECK VALVE ASSEMBLY				PRESSURE VACUUM BREAKER			
	CHECK VALVE NO. 1		CHECK VALVE NO. 2					
	WITH FLOW <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	AGAINST FLOW <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	TEST RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	AIR INLET VALVE <input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened At	CHECK VALVE <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	TEST RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
	PRESSURE DROP ACROSS CHECK <input type="checkbox"/> kPa <input type="checkbox"/> PSI		PRESSURE DROP ACROSS CHECK <input type="checkbox"/> kPa <input type="checkbox"/> PSI			<input type="checkbox"/> kPa <input type="checkbox"/> PSI	PRESSURE DROP ACROSS CHECK <input type="checkbox"/> kPa <input type="checkbox"/> PSI	

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

REASON FOR FAILURE (IF APPARENT)								
R E P A I R S	DOUBLE CHECK VALVE ASSEMBLY				PRESSURE VACCUM BREAKER			
	CHECK VALVE NO. 1		CHECK VALVE NO. 2					
	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinged Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other Describe Above	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinged Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other Describe Above	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Vent Disc <input type="checkbox"/> Vent Spring <input type="checkbox"/> Poppet <input type="checkbox"/> Retainer <input type="checkbox"/> Spring <input type="checkbox"/> Disc <input type="checkbox"/> Guide <input type="checkbox"/> Other Describe Above					
	DATE OF RE-TEST YY MM DD							
R E S T	WITH FLOW <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	AGAINST FLOW <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	TEST RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	AIR INLET VALVE <input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened At	CHECK VALVE <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	TEST RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
	PRESSURE DROP ACROSS CHECK <input type="checkbox"/> kPa <input type="checkbox"/> PSI		PRESSURE DROP ACROSS CHECK <input type="checkbox"/> kPa <input type="checkbox"/> PSI			<input type="checkbox"/> kPa <input type="checkbox"/> PSI	PRESSURE DROP ACROSS CHECK <input type="checkbox"/> kPa <input type="checkbox"/> PSI	
	REMARKS							

I certify that I have tested the above device in accordance with the Cross Connection Control Manual AWWA

SIGNATURE OF REGISTERED TESTER	YY MM DD	DISTRIBUTION COPY WHITE - TOWNSHIP OF CENTRE WELLINGTON CANARY - CERTIFIED TESTER PINK - OCCUPANT OR OWNER
FOR OFFICE USE ONLY	YY MM DD	