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|--------------------------|-----------------------------|---------------|---------------------------------------|
| 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 |

REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY

| | | | |
|---|---|--|--|
| 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 | SHUT OFF VALVE NO. 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT |
| T E S T | DIFFERENTIAL PRESSURE RELIEF VALVE | CHECK VALVE NO. 1 | CHECK VALVE NO. 2 |
| | <input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened at ____ PSI ____ kPa | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight |
| | PRESSURE DIFFERENTIAL ACROSS FIRST CHECK VALVE (NO FLOW) ____ <input type="checkbox"/> kPa <input type="checkbox"/> PSI | PRESSURE DIFFERENTIAL ACROSS SECOND CHECK VALVE (NO FLOW) ____ <input type="checkbox"/> kPa <input type="checkbox"/> PSI | TEST RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED |

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 | DIFFERENTIAL PRESSURE RELIEF VALVE | CHECK VALVE NO. 1 | CHECK VALVE NO. 2 |
| | <input type="checkbox"/> Cleaned Replaced <input type="checkbox"/> Disc Upper <input type="checkbox"/> Disc Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm Small <input type="checkbox"/> Upper <input type="checkbox"/> Spacer <input type="checkbox"/> Seat <input type="checkbox"/> Other Describe Above | <input type="checkbox"/> Cleaned 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 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"/> Failed to Open <input type="checkbox"/> Opened at ____ PSI ____ kPa | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight |
| R E T E S T | DATE OF RE-TEST YY MM DD | PRESSURE DIFFERENTIAL ACROSS FIRST CHECK VALVE (NO FLOW) ____ <input type="checkbox"/> kPa <input type="checkbox"/> PSI | PRESSURE DIFFERENTIAL ACROSS SECOND CHECK VALVE (NO FLOW) ____ <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 | |