



Testing & Inspection Report

Reduced Pressure Principle Backflow Prevention Assembly

Planning and Economic Development
 Building Division
 City of London
 300 Dufferin Avenue, Room 706
 London ON N6A 4L9

Address location		Postal code	Permit number
Occupant	Party contacted		Telephone
Owner			Telephone
Address of owner			Postal code
Name of certified tester		OWWA/AWWA Tester Certification number	Telephone
Business name		Business address	Postal code
Make of TEST KIT	Model number	Serial number	Date of last calibration (YYYYMMDD)

Reduced Pressure Principle Backflow Prevention Assembly

Make of ASSEMBLY	Model number	Serial number	Size
INSTALL DATE YYYY MM DD	ID number and location of assembly (ie: building, room number, installed on what system)		
TYPE of TEST <input type="checkbox"/> Initial <input type="checkbox"/> Annual	TEST DATE YYYY MM DD	SHUT OFF VALVE NO. 2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	Line pressure at time of test Psi _____ kPa

TEST	Differential Pressure Relief Valve	Check Valve No. 1	Check Valve No. 2	Test results
	<input type="checkbox"/> Malfunctioned <input type="checkbox"/> Opened at _____ Psi _____ kPa	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure differential across first check valve (no flow): _____ kPa _____ Psi	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure differential across 2nd check valve (no flow): _____ kPa _____ Psi	<input type="checkbox"/> Passed <input type="checkbox"/> Failed *

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

Reason for failure (if apparent): _____ Repairs completed by (Plumbing Contractor): _____

REPAIRS	Differential Pressure Relief Valve	Check Valve No. 1	Check Valve No. 2	Shut Off Valve No. 2
	Cleaned <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"/> Lower <input type="checkbox"/> Spacer lower <input type="checkbox"/> Seat <input type="checkbox"/> Other (describe)	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)	Cleaned <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)	Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> Other (describe)
RE-TEST	<input type="checkbox"/> Malfunctioned <input type="checkbox"/> Opened at _____ Psi _____ kPa	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure differential across first check valve (no flow): _____ kPa _____ Psi	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure differential across 2nd check valve (no flow): _____ kPa _____ Psi	DATE OF RE-TEST Year (YYYY) Month (MM) Day (DD)
				Re-Test Results <input type="checkbox"/> Passed <input type="checkbox"/> Failed

Remarks: _____

Form no. 0445 (rev.2021.10)

OFFICE USE ONLY

I certify that I have tested the above assembly in accordance to the City of London Water By-Law W-8 as amended and C.S.A. B64.10.

Copies to be provided to City of London, Tester, and Occupant or Owner.

Signature of certified tester _____

Date (YYYY MM DD) _____