



Testing & Inspection Report

Double Check Valve Assembly/Pressure Vacuum Breaker

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

Address location		Postal code	Pemit 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)

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
INSTALL DATE YYYY MM DD	ID number and location of assembly (ie: building, room number, installed on what system)			
TEST TYPE of <input type="checkbox"/> Initial <input type="checkbox"/> Annual	TEST DATE YYYY MM DD	Line pressure at time of test _____ Psi _____ kPa		

Test	Check Valve No. 1		Check Valve No. 2		Pressure Vacuum Breaker		Test Results
	With Flow	Against Flow	With Flow	Against Flow	Air Inlet Valve	Check Valve	
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Malfunctioned	<input type="checkbox"/> Leaked	<input type="checkbox"/> Passed <input type="checkbox"/> Failed *
	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at	<input type="checkbox"/> Closed tight	
	Pressure drop across check _____ kPa _____ Psi		Pressure drop across check _____ kPa _____ Psi		_____ kPa _____ Psi	Pressure drop across check _____ kPa _____ Psi	

*** 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	Check Valve No. 1		Check Valve No. 2		Pressure Vacuum Breaker		DATE OF RE-TEST			
	Cleaned	Replaced	Cleaned	Replaced	Cleaned	Replaced	Year (YYYY)	Month (MM)	Day (DD)	
	<input type="checkbox"/> Disc	<input type="checkbox"/>	<input type="checkbox"/> Disc	<input type="checkbox"/>	<input type="checkbox"/> Vent disc	<input type="checkbox"/>				
	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/> Vent spring	<input type="checkbox"/>				
	<input type="checkbox"/> Guide	<input type="checkbox"/>	<input type="checkbox"/> Guide	<input type="checkbox"/>	<input type="checkbox"/> Poppet	<input type="checkbox"/>				
	<input type="checkbox"/> Pin retainer	<input type="checkbox"/>	<input type="checkbox"/> Pin retainer	<input type="checkbox"/>	<input type="checkbox"/> Retainer	<input type="checkbox"/>				
	<input type="checkbox"/> Hinged pin	<input type="checkbox"/>	<input type="checkbox"/> Hinged pin	<input type="checkbox"/>	<input type="checkbox"/> Spring	<input type="checkbox"/>				
	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Disc	<input type="checkbox"/>				
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/>	<input type="checkbox"/> Diaphragm	<input type="checkbox"/>	<input type="checkbox"/> Guide	<input type="checkbox"/>				
	<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/>				
RE-TEST	With Flow	Against Flow	With Flow	Against Flow	Air Inlet Valve	Check Valve	Re-Test Results			
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Malfunctioned	<input type="checkbox"/> Leaked	<input type="checkbox"/> Passed <input type="checkbox"/> Failed			
	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at	<input type="checkbox"/> Closed tight				
	Pressure drop across check _____ kPa _____ Psi		Pressure drop across check _____ kPa _____ Psi		_____ kPa _____ Psi	Pressure drop across check _____ kPa _____ Psi				

Remarks: _____

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) _____