



Testing & Inspection Report

Reduced Pressure Principle Backflow Prevention Assembly

Housing and Community Growth
Building Services
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	Location of assembly and system information (ie: ID number, building, room number, installed on what system)		
TYPE of TEST ☐ Initial ☐ Annual	TEST DATE YYYY MM DD	SHUT OFF VALVE NO. 2 ☐ Leaked ☐ 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
	☐ Malfunctioned ☐ Opened at _____ Psi _____ kPa	☐ Leaked ☐ Closed tight Pressure differential across first check valve (no flow): _____ kPa _____ Psi	☐ Leaked ☐ Closed tight Pressure differential across 2nd check valve (no flow): _____ kPa _____ Psi	☐ Passed ☐ 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																																																																					
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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.

Signature of certified tester

Date (YYYY MM DD)

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