Testing & Inspection Report

Double Check Valve Assembly/Pressure Vacuum Breaker

Housing and Community Growth
Building Services
City of London
300 Dufferin Avenue, Room 706
London ON N6A 4L9

Reset

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)

Double Check Valve Assembly / Pressure Vacuum Breaker

Type of **ASSEMBLY** ☐ DCVA ☐ PVB	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

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	
	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Malfunctioned ☐ Opened at	☐ Leaked ☐ Closed tight	☐ Passed ☐ Failed *
	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	
Cleaned	**Replaced**	**Cleaned**	**Replaced**	**Cleaned**	**Replaced**
☐ Disc	☐	☐ Disc	☐	☐ Vent disc	☐
☐ Spring	☐	☐ Spring	☐	☐ Vent spring	☐
☐ Guide	☐	☐ Guide	☐	☐ Poppet	☐
☐ Pin retainer	☐	☐ Pin retainer	☐	☐ Retainer	☐
☐ Hinged pin	☐	☐ Hinged pin	☐	☐ Spring	☐
☐ Seat	☐	☐ Seat	☐	☐ Disc	☐
☐ Diaphragm	☐	☐ Diaphragm	☐	☐ Guide	☐
☐ Other (describe)	☐	☐ Other (describe)	☐	☐ Other (describe)	☐

DATE OF RE-TEST

Year (YYYY)	Month (MM)	Day (DD)

RE-TEST

Check Valve No. 1		Check Valve No. 2		Pressure Vacuum Breaker		Re-Test Results
With Flow	Against Flow	With Flow	Against Flow	Air Inlet Valve	Check Valve	
☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Leaked ☐ Closed tight	☐ Malfunctioned ☐ Opened at	☐ Leaked ☐ Closed tight	☐ Passed ☐ Failed
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) _____

Form no. 0446 (rev.2025.02)