THE TOWN OF ANTIGONISH

SAMPLE FORM OF BACKFLOW PREVENTION DEVICES

SAMPLE INSPECTION REPORT

274 Main St., Antigonish, NS B2G 2C4 Engineering Office (902) 867-5575 FAX (902) 863-9201

Civic address	Occupant	Contacted	Contact info:
Owner	Address of Owner		Telephone or email

Type of Assembly ☐ RP ☐ DCVA	Manufacturer:	Size	Model	Serial	Installation Date

Location of Device (ie Building, Room #)	Service Line ☐ Domestic ☐ Sprinkler
	Main Line By Pass ☐ Main ☐ Bypass

Certificate No. of Tester	Test Kit Serial No.	Name of Tester	Business Name	Telephone / email

TEST

Reduced Pressure Principle Assembly	Check Valve 1	Check Valve 2	Double Check Valve Assembly		Shut off Valves	
☐ Relief Valve Failed to Open	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight	Check Valve 1	Check Valve 2	#1	#2
Pressure Differential Across 1st Check Valve (no flow) _____Psi kPa **A** Pressure Differential Across 2nd Check Valve (no flow) _____Psi kPa ☐ Opened Opening Point of Relief Valve (2psi or greater) _____Psi kPa **B** **A - B = C** Buffer (3psi or greater) _____Psi kPa **C**			☐ Leaked ☐ Closed Tight _____Psi kPa	☐ Leaked ☐ Closed Tight _____Psi kPa	☐Leaked☐ ☐Closed ☐	

Static Inlet Line Pressure at time of test _____Psi kPa	Test date MM DD YY	Test Results: ☐ Passed ☐ Failed

If the device fails the initial test for any reason, complete the section below, noting repairs and re-test results.

REPAIR

Check Applicable Valve(s)

☐ Relief Valve	☐ Check Valve 1	☐ Check Valve 2	☐ Shut off Valve

Check Applicable Repair

☐ Cleaned ☐ Seat	☐ Replaced ☐ Guide	☐ Disk ☐ O-Rings	☐ Spring Repair Kit	☐ Diaphragm ☐ Other

RE-TEST

Reduced Pressure Principle Assembly	Check Valve 1	Check Valve 2	Double Check Valve Assembly		Shut off Valves	
☐ Relief Valve Failed to Open	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight	Check Valve 1	Check Valve 2	#1	#2
Pressure Differential Across 1st Check Valve (no flow) _____Psi kPa **A** Pressure Differential Across 2nd Check Valve (no flow) _____Psi kPa ☐ Opened Opening Point of Relief Valve (2psi or greater) _____Psi kPa **B** **A - B = C** Buffer (3psi or greater) _____Psi kPa **C**			☐ Leaked ☐ Closed Tight _____Psi kPa	☐ Leaked ☐ Closed Tight _____Psi kPa	☐Leaked☐ ☐Closed ☐	

Static Inlet Line Pressure at time of test _____Psi kPa	Test date MM DD YY	Test Results: ☐ Passed ☐ Failed

Remarks-Reason for failure (if apparent):		
I hereby certify that I have tested the above device and that it meets the performance requirements of the Town of Antigonish, PRINT NAME	Signature of Certified Tester	Date

Reports may be emailed to dhalfpenny@townofantigonish.ca or delivered to the above address c/o Cross Connection Control Program.

All certified testers must have the CCC Tester Certification in accordance to the Atlantic Canada Water & Wastewater association.