



Backflow Prevention Device Test Report Form

Submit completed form to: backflow@amherstburg.ca

Facility Information

Facility Address:	Postal Code:
Business name:	
Occupant:	Phone #
Owner:	Phone #
Owner Address:	Postal Code:
Contact person:	Phone #

Tester Information

Testing Company:	Phone #
Tester's name:	OWWA Cert. #
Test Kit Model	Serial #
	Calibration Date:

Device Information

Device Manufacturer:	Model #	Size:
Type of Device:	Serial #	
Device Location:		
Date of test:	Passed	Failed
Line pressure at time of test: _____ psi	Orientation of device:	Horizontal Vertical
If replacing an existing device, provide serial # of original device:		

Reduced Pressure Backflow Device

Check Valve No. 1 Pressure Differential across Check Valve No. 1 _____ psi. Leaked Closed tight		Check Valve No. 2 Pressure Differential across Check Valve No. 2 _____ psi. Leaked Closed tight	
Relief Valve Failed to open Opened @ _____ psi Buffer _____ psi (Difference between reading @ Check valve No.1 and pressure at which relief valve opened)			
Shut off valve #1 Leaked Closed tight		Shut of valve #2 Leaked Closed tight	

Double Check Valve Assembly

Check Valve No. 1 Pressure drop across valve _____ psi Leaked Closed tight		Check Valve No. 2 Pressure drop across valve _____ psi Leaked Closed tight	
Shut Off Valve No. 1 Leaked Closed tight		Shut Off Valve No. 2 Leaked Closed tight	

Pressure Vacuum Breaker

Air inlet valve opened @ _____ psi. Failed to open		Check valve Leaked Closed tight Pressure drop across valve _____ psi	
Shut Off Valve No. 1 Leaked Closed tight		Shut Off Valve No. 2 Leaked Closed tight	

Tester's Signature: _____