



EAST HANTS

# BACKFLOW PREVENTION DEVICES INSPECTION REPORT

Box 230, Suite 170, 15 Commerce Court, Elmsdale, NS B2S 3K5 Phone: (902) 883-2299 Fax: 1-888-684-5912 Toll Free: 1-866-758-2299 www.easthants.ca

Address of Device:		Occupant:		Party Contacted:		Telephone #:		
Owner:		Address of Owner:			Postal Code:		Telephone #:	
Type of Assembly: <input type="checkbox"/> RP <input type="checkbox"/> DCVA	Manufacturer:		Size:	Model:		Serial #:	Install Date MM/DD/YY	
Location of Device: (i.e. Building, Room #)				Service Line <input type="checkbox"/> Domestic <input type="checkbox"/> Sprinkler				
				Main Line By-Pass <input type="checkbox"/> Main <input type="checkbox"/> Bypass				
Certified Tester's #:		Test Kit Serial #:	Name of Certified Tester:		Business Name:		Telephone#:	
Business Address:			Postal Code:		Type of Test: <input type="checkbox"/> Initial <input type="checkbox"/> Repair <input type="checkbox"/> Annual <input type="checkbox"/> Replaces Serial # _____			
TEST	Reduced Pressure Principle Assembly	Check Valve 1	Check Valve 2		Double Check Valve Assembly		Shut Off Valves	
	<input type="checkbox"/> Relief Valve Failed to Open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		Check Valve 1	Check Valve 2	#1	#2
	Pressure Differential Across 1st Check Valve (no flow) _____ Psi kPa			A _____ Psi kPa	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		
	Pressure Differential Across 2nd Check Valve _____ Psi kPa				<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/>	
	<input type="checkbox"/> Opened Opening Point of Relief Valve (2psi or greater) _____ Psi kPa			- B _____ Psi kPa			<input type="checkbox"/> Closed <input type="checkbox"/>	
Buffer (3psi or greater) _____ Psi kPa			A - B = C = C _____ Psi kPa	_____ Psi kPa	_____ Psi kPa			
Static Inlet Line Pressure at time of test _____ Psi kPa			Test Date: MM / DD / YY	Test Result: <input type="checkbox"/> Passed <input type="checkbox"/> Failed				
<i>If the device fails the initial test for any reason, complete the section below, noting the repairs and retest results</i>								
REPAIR	Check Applicable Valve(s): <input type="checkbox"/> Relief Valve <input type="checkbox"/> Check Valve #1 <input type="checkbox"/> Check Valve #2 <input type="checkbox"/> Shutoff Valve							
	Check Applicable Repair: <input type="checkbox"/> Cleaned    Replaced: <input type="checkbox"/> Disk <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Guide <input type="checkbox"/> O-Rings <input type="checkbox"/> Repair Kit <input type="checkbox"/> Other							
RETEST	Reduced Pressure Principle Assembly	Check Valve 1	Check Valve 2		Double Check Valve Assembly		Shut Off Valves	
	<input type="checkbox"/> Relief Valve Failed to Open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		Check Valve 1	Check Valve 2	#1	#2
	Pressure Differential Across 1st Check Valve (no flow) _____ Psi kPa			A _____ Psi kPa	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		
	Pressure Differential Across 2nd Check Valve _____ Psi kPa				<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/>	
	<input type="checkbox"/> Opened Opening Point of Relief Valve (2psi or greater) _____ Psi kPa			- B _____ Psi kPa			<input type="checkbox"/> Closed <input type="checkbox"/>	
Buffer (3psi or greater) _____ Psi kPa			A - B = C = C _____ Psi kPa	_____ Psi kPa	_____ Psi kPa			
Static Inlet Line Pressure at time of test _____ Psi kPa			Test Date: MM / DD / YY	Test Result: <input type="checkbox"/> Passed <input type="checkbox"/> 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 Municipality of East Hants. PRINT NAME					Signature of Certified Tester:		Date: MM/DD/YYYY	

Reports can be emailed to [water@easthants.ca](mailto:water@easthants.ca) or delivered to the address above c/o Cross Connection Control Program.