

Fax 905-874-2499

Planning and Infrastructure Services Building Division

8850 McLaughlin Road, Unit 1 Brampton, ON, L6Y 5T1

Testing & Inspection Report

Double Check Valve Assembly /Pressure Vacuum Breaker

Double Cit	eck valve Assembly /Fless	ule vacuulii bieakei				
PROJECT LOCATION					POSTAL CO	DDE I I I
OCCUPANT		PARTY CONTACTED			TELEPHON	E
OWNER					TELEPHON	E
ADDRESS OF OWNER	R				POSTAL CO	DDE
NAME OF CERTIFIED	TESTER	TESTER CERTIFICATION NUM	IBER		TELEPHON	E
BUSINESS NAME		BUSINESS ADDRESS	BUSINESS ADDRESS			DDE
MAKE OF TEST KIT		MODEL NUMBER	· · · · · · · · · · · · · · · · · · ·	SERIAL NUMBER	DATE OF L	AST CALIBRATION
DOUBLE CHE	ECK VALVE ASSEMBLY / PRESSU	RE VACUUM BREAKER				
TYPE OF ASSEMBLY		MODEL NUMBER		SERIAL NUMBER	SIZE	
	DCVA PVB	<u> </u>				
INSTALL DATE	YY MM DD	LOCATION OF ASSEMBLY (I.e: building, ro	oom number, Insta	alled on what system)		
TYPE OF TEST		DATE OF TEST YY MM	DD			
	INITIAL ANNUAL			LINE PRESSURE AT TIME OF	TEST Psl	kPa
	CHECK VALVE NO. 1	CHECK VALVE NO.	2 AINST FLOW	PRESSURE VAC	UUM BREAKER	TEST RESULTS
TEST	WITH FLOW AGAINST FLOW ☐ LEAKED ☐ LEAKED	☐ LEAKED ☐	LEAKED	☐ FAILED TO OPEN	CHECK VALVE LEAKED	PASSED
1231	CLOSED TIGHT CLOSED TIGH Pressure drop kF		CLOSED TIGHT kPa	OPENED AT kPa	☐ CLOSED TIGHT Pressure drop kPa	FAILED
	across check Ps		Psi	Psi	across check Psl	
	MBLY FAILS THE INITIAL TEST FO	OR ANY REASON, COMPLET	TE THIS SEC	CTION AND NOTE	REPAIR BELOW:	
Reason for failur	re (if apparent)			l parcellar in e		
	DOUBLE CHECK VALVE ASSEMBLY PRESSURE VACU CHECK VALVE NO. 1 CHECK VALVE NO. 2 PRESSURE VACU			JUM BREAKER		
	CLEANED REPLACE		REPLACED	CLEANED	REPLACED	
REPAIRS	DISC SPRING	☐ DISC SPRING			DISC SPRING	DATE OF
KLIAIKS	SPRING GUIDE DIN RETAINER D	SPRING GUIDE PIN RETAINER		□ PO	PPET AINER	RE-TEST
	☐ HINGED PIN ☐ SEAT ☐	HINGED PIN SEAT		□ SPF	IING 🗆	
	DIAPHRAGM D	DIAPHRAGM OTHER (describe)		□ GL	ISC IIDE describe)	1 1
	LI OTHER (describe)	D OTHER (describe)		- OTHER	uescribe/	YY MM DD
	WITH FLOW AGAINST FLOW	WITH FLOW AG	AINST FLOW	AIR INLET VALVE	CHECK VALVE	
RE-TEST	☐ LEAKED ☐ LEAKED	☐ LEAKED ☐	LEAKED	☐ FAILED TO OPEN	☐ LEAKED	RE-TEST RESULTS
	CLOSED TIGHT CLOSED TIGH Pressure drop kF	a Pressure drop	CLOSED TIGHT kPa	☐ OPENED AT kPa	☐ CLOSED TIGHT Pressure drop kPa	PASSED FAILED
	across check Ps	across check	Psi	Psi	across check ——— PsI	
Remarks:						
	OFFICE USE ONLY					
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(GNATURE OF CER	TIFIED TESTER	DATE YY	MM DD
			and the or cen		MOIN II	
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Permits Tel. 905-874-2401			Inspections Tel. 905-874-3700		Zoning Services Tel. 905-874-2090	

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