



TOWN OF TRENTON WATER WORKS

Backflow Prevention Devices - Inspection Report

P.O. Box 328, 120 Main Street, Trenton, NS B0K 1X0 • Phone: 902-752-1450 • Fax: 902-752-0090 • www.trenton.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"/> By-pass					
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 Different Across 1st Check Valve (no flow)				A _____ Psi kPa		<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked <input type="checkbox"/>		
	Pressure Different Across 2nd Check Valve				_____ Psi kPa		<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight <input type="checkbox"/> Closed <input type="checkbox"/>		
	<input type="checkbox"/> Opened Opening Point of Relief Valve (2psi or greater)				B _____ Psi kPa		_____ Psi kPa				
Buffer (3psi or greater) A - B = C				C _____ 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 <input type="checkbox"/> Check Valve #1 <input type="checkbox"/> Check Valve #2 <input type="checkbox"/> Shut Off 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"/> Repair <input type="checkbox"/> O-Rings <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 Different Across 1st Check Valve (no flow)				A _____ Psi kPa		<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked <input type="checkbox"/>		
	Pressure Different Across 2nd Check Valve				_____ Psi kPa		<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight <input type="checkbox"/> Closed <input type="checkbox"/>		
	<input type="checkbox"/> Opened Opening Point of Relief Valve (2psi or greater)				B _____ Psi kPa		_____ Psi kPa				
Buffer (3psi or greater) A - B = C				C _____ 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 Town of Trenton. PRINT NAME					Signature of Certified Tester:			Date: MM / DD / YYYY			
Reports can be emailed to dan.campbell@trenton.ca or delivered to the above address c/o: The Cross Connection Control (CCC) Program.											