



Backflow Prevention Device Test Report

Submit completed form to: backflow@essex.ca

Facility Information	
Facility Address:	Date of Test:
Business Name:	Results: <input type="checkbox"/> Passed <input type="checkbox"/> Failed

Tester Information	
Testing Company:	Phone:
Tester's Name:	OWWA Cert #:
Test Kit Make/Model/Serial #:	Calibration Date:

Device Information	
New Device: <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacing an Existing Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If replacing an existing device, please provide serial # of original device:	
Hazard Being Protected:	
Device Location in Building:	
Device Type:	Manufacturer: Model #
Device Size:	Serial #:
Installation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Line Pressure During Test:

Reduced Pressure Backflow Device	
<p>Check Valve #1</p> <p>Pressure Differential Across Check Valve _____psi.</p> <p><input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>	<p>Check Valve #2</p> <p>Pressure Differential Across Check Valve _____psi.</p> <p><input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>
<p>Relief Valve <input type="checkbox"/> Opened @ _____psi. <input type="checkbox"/> Failed to Open</p> <p>Buffer _____psi. (Difference between reading @ Check valve No.1 and pressure at which relief valve opened)</p>	
<p>Shut Off Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>	<p>Shut Off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>

Double Check Valve Assembly	
<p>Check Valve #1</p> <p>Pressure Differential Across Check Valve _____psi.</p> <p><input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>	<p>Check Valve #2</p> <p>Pressure Differential Across Check Valve _____psi.</p> <p><input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>
<p>Shut Off Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>	<p>Shut Off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>

Pressure Vacuum Breaker	
<p>Air Inlet Valve Opened @ _____psi.</p> <p><input type="checkbox"/> Failed to Open</p>	<p>Check Valve: <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p> <p>Pressure Differential Across Check Valve _____psi.</p>
<p>Shut Off Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>	<p>Shut Off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p>

Tester's Notes and Signature