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A Natural Attraction

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Planning & Development Services

Report of Inspection

TESTING AND INSPECTION REPORT										
REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY DOUBLE CHECK VALVE ASSEMBLY AND PRESSURE VACUUM BREAKER										
LOCATION ADDRESS			OCCUPANT		PARTY CONTACTED			TELEPHONE NUMBER		
OWNER		ADDRESS OF OWNER				POSTAL CODE		TELEPHONE NUMBER		
TYPE OF ASSEMBLY		MAKE OF ASSEMBLY		MODEL NUMBER		SERIAL NUMBER		SIZE	INSTALL DATE	
LOCATION OF ASSEMBLY (I.E., BUILDING, ROOM NUMBER)				INSTALLED ON WHAT SYSTEM						
TESTERS CERTIFICATION NUMBER		TESTERS EQUIPMENT NUMBER		NAME OF CERTIFIED TESTER		BUSINESS NAME		TELEPHONE NUMBER		
LOCATION ADDRESS							POSTAL CODE			
TYPE OF TEST (PLEASE CIRCLE ONE) <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPLACEMENT		LINE PRESSURE AT TIME OF TEST _____ kPa <input type="checkbox"/> Psi <input type="checkbox"/>			PRESSURE DIFFERENTIAL ACROSS FIRST CHECK VALVE (NO FLOW) MINUS THE OPENING POINT OF RELIEF VALVE _____ kPa <input type="checkbox"/> Psi <input type="checkbox"/> = BUFFER _____ kPa <input type="checkbox"/> Psi <input type="checkbox"/>					
TEST	REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY						PRESSURE VACUUM BREAKER		TEST RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
	DOUBLE CHECK VALVE ASSEMBLY									
	CHECK VALVE NUMBER 2		SHUT-OFF VALVE NUMBER 2		CHECK VALVE NUMBER 1		DIFFERENTIAL PRESSURE RELIEF VALVE			
TEST DATE YY/MM/DD	WITH FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	AGAINST FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	WITH FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	AGAINST FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	WITH FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	AGAINST FLOW <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	FAILED TO OPEN kPa <input type="checkbox"/> OPENED AT _____ Psi <input type="checkbox"/>	AIR INLET VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED AT _____ Psi <input type="checkbox"/>	CHECK VALVE <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
IF THE ASSEMBLY FAILS THE INITIAL TEST FOR ANY REASON, COMPLETE THIS SECTION AND NOTE REPAIR BELOW										
REPAIRS	1 <input type="checkbox"/> CLEANED REPLACED 2 <input type="checkbox"/> DISC 3 <input type="checkbox"/> SPRING 4 <input type="checkbox"/> GUIDE 5 <input type="checkbox"/> PIN RETAINER 6 <input type="checkbox"/> HINGE PIN 7 <input type="checkbox"/> SEAT 8 <input type="checkbox"/> DIAPHRAGM 9 <input type="checkbox"/> OTHER, DESCRIBE		20 <input type="checkbox"/> CLEANED REPLACED 21 <input type="checkbox"/> DISC 22 <input type="checkbox"/> SEAT 23 <input type="checkbox"/> OTHER, DESCRIBE		30 <input type="checkbox"/> CLEANED REPLACED 31 <input type="checkbox"/> DISC 32 <input type="checkbox"/> SPRING 33 <input type="checkbox"/> GUIDE 34 <input type="checkbox"/> PIN RETAINER 35 <input type="checkbox"/> HINGE PIN 36 <input type="checkbox"/> SEAT 37 <input type="checkbox"/> DIAPHRAGM 38 <input type="checkbox"/> OTHER, DESCRIBE		50 <input type="checkbox"/> CLEANED REPLACED 51 <input type="checkbox"/> DISC, UPPER 52 <input type="checkbox"/> DISC, LOWER 53 <input type="checkbox"/> SPRING 54 <input type="checkbox"/> DIAPHRAGM, LARGE 55 <input type="checkbox"/> UPPER 56 <input type="checkbox"/> LOWER 57 <input type="checkbox"/> DIAPHRAGM, SMALL 58 <input type="checkbox"/> UPPER 59 <input type="checkbox"/> LOWER 60 <input type="checkbox"/> SPACER, LOWER 61 <input type="checkbox"/> OTHER, DESCRIBE		70 <input type="checkbox"/> CLEANED REPLACED 71 <input type="checkbox"/> VENT DISC 72 <input type="checkbox"/> VENT SPRING 73 <input type="checkbox"/> POPPET 74 <input type="checkbox"/> RETAINER 75 <input type="checkbox"/> SPRING 76 <input type="checkbox"/> DISC 77 <input type="checkbox"/> GUIDE 78 <input type="checkbox"/> OTHER, DESCRIBE	
	RE-TEST	PRESSURE DIFFERENTIAL ACROSS FIRST CHECK VALVE (NO FLOW) RE-TEST								RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
RE-TEST DATE YY/MM/DD	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	FAILED TO OPEN kPa <input type="checkbox"/> OPENED AT _____ Psi <input type="checkbox"/>	FAILED TO OPEN kPa <input type="checkbox"/> OPENED AT _____ Psi <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
REMARKS – REASON FOR FAILURE (IF APPARENT)										
I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY IN ACCORDANCE WITH THE CITY OF QUINTE BY-LAW NO. _____					SIGNATURE OF CERTIFIED TESTER			DATE		
FOR OFFICE USE ONLY										
DISTRIBUTION WHITE – CROSS- CONNECTION CONTROL OFFICER    CANARY – CERTIFIED TEST    PINK – OCCUPANT OR OWNER										

ADDITIONAL NOTES:

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