



SAINT JOHN

Distribution Copies:  
Plumbing Inspector (Photocopy)  
Occupant or Owner (Original)  
Licensed Tester (Photocopy)

## Testing and Inspection Report

### Double Check Valve Assembly / Pressure Vacuum Breaker / Reduced Pressure Principle

OFFICE USE ONLY			
Site No.		Permit No.	
		Device No.	

<b>Site Name / Occupancy</b>			
Civic Number	Street	City	
Postal Code	Prov.	Telephone	Site Usage

<b>Site Owner</b>			Email:		
Civic Number	Street	City			
Postal Code	Prov.	Telephone			

Certified Tester	Company Name	Licence No.	Telephone
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Make of Test Kit	Model No.	Serial No.	Calibration Due Date	Year	Month	Day
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Double Check Valve Assembly   
  Reduced Pressure Principle   
  Pressure Vacuum Breaker (Spill Resistant  Yes)

Make of Assembly	Model No.	Serial No.	Size
Location of Assembly in Building		Description of Hazard	
Level of Protection: <input type="checkbox"/> Premise <input type="checkbox"/> Area <input type="checkbox"/> Zone <input type="checkbox"/> Individual			
Type of Test	<input type="checkbox"/> Initial <input type="checkbox"/> Repair <input type="checkbox"/> Annual	Date of Test	Year    Month    Day
Line Pressure at Time of Test		kPa <input type="checkbox"/> psi <input type="checkbox"/>	Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail    Final Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tests	Step Component	Test	Requirement	Initial Test	Final Test
<b>REDUCED PRESSURE</b>	1: Relief Valve	Differential pressure relief valve opened at	(2 PSID minimum)		
	2: Shut Off Valve # 2	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight			
	3: Check Valve # 2	Reverse flow <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight			
	4: Check Valve # 1	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight			
	5: Check Valve # 1	Pressure differential across 1 <sup>st</sup> check			
	6: Buffer	(Pressure drop across 1 <sup>st</sup> check minus opening point of relief valve) (min. 3 psi)			
<b>DOUBLE CHECK VALVE ASSEMBLY</b>	1: Check Valve # 1	Differential pressure in direction of flow	1.0 PSID min		
	2: Check Valve # 2	Differential pressure in direction of flow	1.0 PSID min		
<b>PRESSURE VACUUM BREAKER</b>	1: Air Inlet Valve	Opening Differential	1.0 PSID min		
	2: Check Valve	Closes tight in direction of flow	1.0 PSID min		

**If the assembly fails the initial test for any reason, complete this section and note repair below**

Reason for failure (if apparent)	
Comments:	

REDUCED PRESSURE PRINCIPLE								
REPAIRS	Differential Pressure Relief Valve		Check Valve No. 1		Check Valve No. 2		Shut Off Valve No. 2	
	<input type="checkbox"/> Cleaned	Replaced	<input type="checkbox"/> Cleaned	Replaced	<input type="checkbox"/> Cleaned	Replaced	<input type="checkbox"/> Cleaned	Replaced
	<input type="checkbox"/> Disc Upper	<input type="checkbox"/> Diaphragm Sm	<input type="checkbox"/> Diaphragm Lg	<input type="checkbox"/> Disc	<input type="checkbox"/> Pin Retainer	<input type="checkbox"/> Disc	<input type="checkbox"/> Pin Retainer	<input type="checkbox"/> Disc
<input type="checkbox"/> Disc Lower	<input type="checkbox"/> Upper	<input type="checkbox"/> Upper	<input type="checkbox"/> Spring	<input type="checkbox"/> Hinged Pin	<input type="checkbox"/> Spring	<input type="checkbox"/> Hinged Pin	<input type="checkbox"/> Seat	
<input type="checkbox"/> Spring	<input type="checkbox"/> Spacer	<input type="checkbox"/> Lower	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm		
<input type="checkbox"/> Seat				<input type="checkbox"/> Seat		<input type="checkbox"/> Seat		
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

REPAIRS	DOUBLE CHECK VALVE ASSEMBLY						PRESSURE VACUUM BREAKER		
	Check Valve No. 1			Check Valve No. 2			<input type="checkbox"/> Cleaned	Replaced	
	<input type="checkbox"/> Cleaned	Replaced		<input type="checkbox"/> Cleaned	Replaced		<input type="checkbox"/> Cleaned	Replaced	
<input type="checkbox"/> Spring	<input type="checkbox"/> Guide	<input type="checkbox"/> Pin Retainer	<input type="checkbox"/> Spring	<input type="checkbox"/> Guide	<input type="checkbox"/> Pin Retainer	<input type="checkbox"/> Vent Spring	<input type="checkbox"/> Poppet	<input type="checkbox"/> Retainer	
<input type="checkbox"/> Hinged Pin	<input type="checkbox"/> Seat	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Hinged Pin	<input type="checkbox"/> Seat	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Spring	<input type="checkbox"/> Disc	<input type="checkbox"/> Guide	
	<input type="checkbox"/> Disc			<input type="checkbox"/> Disc			<input type="checkbox"/> Vent Disc		
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____		

I certify that I have tested the above device in accordance with New Brunswick Regulation 84-187 under the Plumbing Installation and Inspection Act.

Signature of Tester		Year	Month	Day
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