

## **BACKFLOW DEVICE TEST REPORT**

	Water and Waste Department • Service des eaux et des dechets										
_	Contact					Contac	·+				
Site Information	Company				li je	Company Street Address City, Province					
	Street Address				Owner Information						
	City, Province				Į.						
	Postal Code				<u>-</u>	Postal	Code				
	Phone / Fax #				ne	Phone	/ Fax	. 44			
S	Email				ð	Email					
Device Information											
	Serial #		Existing		Replaced			Ne	W	Permit #:	
	Manufacturer								Water Meter #:		
	Model #								Meter Reading:		
	Type of Assembly (RP, DCVA, PVB)										
	Size (inches)										
	Location of Assembly										
	Type of Equip. Protected								Pass Fail		
	RP Device 1st C		heck (A)	nd Che	rck	Relief Valve (B)		Buffer (A-B=C)			
Test Information	Initial Test	Press. Dr		+	id One	, or	Transfer valve		C (D)	23 (, , , , , , , , , , , , , , , , ,	
	Date (mm-dd-yy):	Closed		Closed			Opened at			psi	
		Leaked		Leaked			psi				
	Line Press psi										
	Test After Repair	Press. Dro	op psi								
	Date (mm-dd-yy):	te (mm-dd-yy):		Closed		t	Opened at		psi		
	Line Dress noi	Le	aked	Leaked		b			_ psi		
	Line Press psi										
					<b>-</b> -						
	DCVA Device	1st Che	eck 2nd	2nd Check		PVB De		/ice	Air Inlet		Check Valve
	Initial Test					Initial 7 Date (mm-			Opened at psi Did not open		
	Date (mm-dd-yy):	Closed		osed				dd-yy):			Closed
	·	Leaked	d Lea	aked							Leaked
	Line Press psi					Line Press		psi			
	Test After Repair						est After Repair				
	Date (mm-dd-yy):	Closed		Closed Leaked		Date (mm		dd-yy):	Opened at .		Closed
		Leake	d Le					······································		psi	
	Line Press psi				Line Pre		ess psi				
Licensed Tester	Licence #										
	Tester Name				_   `@	9 , –					
	Test Kit Serial #					nan airs					
	Calibr. Expiry Date					tel Rep					
□ .	Company					Mair F					
	Phone #					≥ _					
	I certify all information		-				_	_	omplete	reports	will not be
	accepted. This information meets the requirements under By-Law 107/2015.										

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Name:

□ I accept

Date: