



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.

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

Site Owner
Civic Number Street City
Postal Code Prov. Telephone

Certified Tester Company Name Licence No. Telephone

Make of Test Kit Model No. Serial No. Calibration Due Date Year Month Day

Double Check Valve Assembly Reduced Pressure Principle Pressure Vacuum Breaker
Make of Assembly Model No. Serial No. Size
Location of Assembly in Building Description of Hazard
Level of Protection Premise Area Zone Individual
Type of Test Initial Repair Annual Date of Test Line Pressure at Time of Test kPa psi Initial Test Final Test Pass Fail

Table with columns: Tests, Step Component, Test, Requirement, Initial Test, Final Test. Rows include REDUCED PRESSURE, DOUBLE CHECK VALVE ASSEMBLY, and PRESSURE VACUUM BREAKER.

If the assembly fails the initial test for any reason, complete this section and note repair below
Reason for failure (if apparent)
Comments:

REPAIRS
REDUCED PRESSURE PRINCIPLE
Differential Pressure Relief Valve Check Valve No. 1 Check Valve No. 2 Shut Off Valve No. 2
Cleaned Replaced

REPAIRS
DOUBLE CHECK VALVE ASSEMBLY PRESSURE VACUUM BREAKER
Check Valve No. 1 Check Valve No. 2
Cleaned Replaced

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

