

APPENDIX "C" TO
BYLAW NUMBER 2007.87



TOWNSHIP OF RAMARA

BUILDING INSPECTION DEPARTMENT

REPORT OF INSPECTION

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TESTING AND INSPECTION REPORT										RP, DCVA, PVB		
REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY										MAILING ADDRESS		
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 <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB		MAKE OF ASSEMBLY		MOD. NUMBER		SERIAL NUMBER		SIZE		INSTALL DATE YY MM DD		
LOCATION OF ASSEMBLY (i.e., BUILDING ROOM NUMBER)						INSTALLED ON WHAT SYSTEM						
TESTER'S CERTIFICATION NUMBER		TESTER'S EQUIPMENT NUMBER		NAME OF CERTIFIED TESTER			BUSINESS NAME		TELEPHONE NUMBER			
LOCATION ADDRESS										POSTAL CODE		
TYPE OF TEST (PLEASE CHECK ONE) <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPLACEMENT			LINE PRESSURE AT TIME OF TEST _____ <input type="checkbox"/> lPa <input type="checkbox"/> Pi			PRESSURE DIFFERENTIAL ACROSS FIRST CHECK VALVE (NO FLOW) _____ MINUS THE OPENING POINT OF RELIEF VALVE _____ <input type="checkbox"/> lPa <input type="checkbox"/> Pi <input type="checkbox"/> BLIFFER				<input type="checkbox"/> lPa <input type="checkbox"/> Pi		
TEST	REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY						PRESSURE VACUUM BREAKER		TEST RESULTS			
	CHECK VALVE NUMBER 2		SHUT-OFF VALVE NUMBER 2	CHECK VALVE NUMBER 1		DIFFERENTIAL PRESSURE RELIEF VALVE		AIR INLET VALVE	CHECK 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	<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	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED AT _____	<input type="checkbox"/> lPa <input type="checkbox"/> Pi	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED AT _____	<input type="checkbox"/> lPa <input type="checkbox"/> Pi	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
IF THE ASSEMBLY FAILS THE INITIAL TEST FOR ANY REASON, COMPLETE THIS SECTION AND NOTE REPAIR BELOW												
REPAIRS	1 <input type="checkbox"/> CLEANED 2 <input type="checkbox"/> REPLACED 3 <input type="checkbox"/> DISC 4 <input type="checkbox"/> SPRING 5 <input type="checkbox"/> GLIDE 6 <input type="checkbox"/> PIN RETAINER 7 <input type="checkbox"/> HINGE PIN 8 <input type="checkbox"/> SEAT 9 <input type="checkbox"/> DIAPHRAGM 10 <input type="checkbox"/> OTHER, DESCRIBE		20 <input type="checkbox"/> CLEANED 21 <input type="checkbox"/> REPLACED 22 <input type="checkbox"/> DISC 23 <input type="checkbox"/> SEAT 24 <input type="checkbox"/> OTHER, DESCRIBE		30 <input type="checkbox"/> CLEANED 31 <input type="checkbox"/> REPLACED 32 <input type="checkbox"/> DISC 33 <input type="checkbox"/> SPRING 34 <input type="checkbox"/> GLIDE 35 <input type="checkbox"/> PIN RETAINER 36 <input type="checkbox"/> HINGE PIN 37 <input type="checkbox"/> SEAT 38 <input type="checkbox"/> DIAPHRAGM 39 <input type="checkbox"/> OTHER, DESCRIBE		50 <input type="checkbox"/> CLEANED 51 <input type="checkbox"/> REPLACED 52 <input type="checkbox"/> DISC, UPPER 53 <input type="checkbox"/> DISC, LOWER 54 <input type="checkbox"/> SPRING 55 <input type="checkbox"/> DIAPHRAGM, LARGE 56 <input type="checkbox"/> UPPER 57 <input type="checkbox"/> LOWER 58 <input type="checkbox"/> DIAPHRAGM, SMALL 59 <input type="checkbox"/> UPPER 60 <input type="checkbox"/> LOWER 61 <input type="checkbox"/> SPACER, LOWER 62 <input type="checkbox"/> OTHER, DESCRIBE		70 <input type="checkbox"/> CLEANED 71 <input type="checkbox"/> REPLACED 72 <input type="checkbox"/> VENT DISC 73 <input type="checkbox"/> VENT SPRING 74 <input type="checkbox"/> POPPET 75 <input type="checkbox"/> RETAINER 76 <input type="checkbox"/> SPRING 77 <input type="checkbox"/> DISC 78 <input type="checkbox"/> GUIDE 79 <input type="checkbox"/> OTHER, DESCRIBE		RESULTS	
	RE-TEST	PRESSURE DIFFERENTIAL ACROSS FIRST CHECK VALVE (NO FLOW) RE-TEST _____ <input type="checkbox"/> lPa <input type="checkbox"/> Pi										
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	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED AT _____	<input type="checkbox"/> lPa <input type="checkbox"/> Pi	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED AT _____	<input type="checkbox"/> lPa <input type="checkbox"/> Pi	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
REMARKS - REASON FOR FAILURE (IF APPLICABLE)												
I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY IN ACCORDANCE WITH THE CITY OF BYLAW						SIGNATURE OF CERTIFIED TESTER				DATE YY MM DD		
FOR OFFICE USE ONLY												
DISTRIBUTION WHITE - CROSS-CONNECTION CONTROL OFFICER				CANARY - CERTIFIED TESTER				PINK - OCCUPANT OR OWNER				

ADDITIONAL NOTES:
