TOWN OF LINCOLN
4800 South Service Road
Beamsville ON L0R 1B1
TEL 905 563 8205
FAX 905 563 6566
www.lincoln.ca

Backflow Prevention Device Inspection and Testing

To be completed clearly and submitted to the Town by fax or mail with 14 days of test
ONLY ONE REPORT PER DEVICE

Facility Information

Address	Town	Postal Code

Device Information

Serial Number:	Location: (Room/Floor/Serving Equip., etc)		
Date	Type of Assembly ☐ RPZ ☐ DCVA ☐ PVB	Model:	
Manufacturer	Line Pressure: _____ PSI	Size:	Device Tagged: ☐ Yes ☐ No

Test Information

Type of Test	Result:	
☐ Initial ☐ Annual ☐ Retest	☐ PASS	☐ FAIL

Reduced Pressure Principle Assembly

Check Valve 1	**Check Valve 2**	**Differential Pressure Relief Valve**
☐ Leaked ☐ Closed Tight ☐ Pressure Difference Check _____ P S I	☐ Leaked ☐ Closed Tight ☐ Pressure Difference _____ P S I	☐ Failed to Open ☐ Opened at _____ P S I

Double Check Valve Assembly

Check Valve 1	**Check Valve 2**	**Shut Off Valve 2**
☐ Leaked ☐ Failed to Open ☐ Closed Tight ☐ Pressure Difference Check _____ P S I	☐ Leaked ☐ Failed to Open ☐ Closed Tight ☐ Pressure Difference Check _____ P S I	☐ Leaked ☐ Closed Tight

Pressure Vacuum Breaker

Air Inlet Valve	**Check Valve**	**Pressure Difference Across Check**
☐ Failed to Open ☐ Opened at _____ P S I	☐ Leaked ☐ Closed Tight	_____ P S I

Owner Information

Name:	Telephone:	Email:
Address:	Town	Postal Code

Occupant Information

Name:	Telephone:	Email:
Address:	Town	Postal Code

Tester Information

Name:	Telephone:	Email:
Address:	Town	Postal Code
Certificate Number:	Test Gauge Serial Number:	Date of Calibration:

Comments (If device fails for any reason, please comment below)

I certify that I have tested the above assembly in accordance to the Town of Lincoln Water By-law 01-134

Name (Print)	**Signature**	**Date**