



EST. 1973

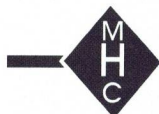
**HALLER MECHANICAL CONTRACTORS INC.**

1537 McDOUGALL STREET, WINDSOR, ONTARIO N8X 3M9 TEL. (519) 254-4635 FAX. (519) 254-3385

Sold To:	INVOICE	
CONSULT MECHANICAL 2-54 AUDIA COURT  CONCORD, ON L4K 3N5 Att:Att: AVTAR GREWAL	<b>Invoice Number:</b>	W13473
	<b>Invoice Date:</b>	Apr 30/25
	<b>Terms:</b>	
	<b>Customer Code:</b>	CONS02
	<b>Reference:</b>	62114
	<b>Customer Order:</b>	
<b>Job Location:</b>	<b>Work Order Type:</b>	COM-T&M
SHOPPERS DRUG MART 5050 TECUMSEH RD E WINDSOR (905) 738-1400	<b>Called By:</b>	AVTAR GREWAL
	<b>Work Order #</b>	25-0007377 62114

Description	Total
<b>Work Performed</b> ANNUAL BACKFLOW PREVENTER INSPECTION (QTY-1)  APRIL 9(ISA) Tested backflow. Passed and report has been sent into office.	
<b>Total Material</b>	0.00
<b>Total Labour</b>	125.00
<b>Total Misc/Other</b>	0.00
<b>Total Equipment Rentals</b>	0.00
<b>Total Subcontract</b>	0.00
Subtotal	125.00
HST/BN# (102250693)	16.25
<b>Total Invoice</b>	<b>141.25</b>

**OVERDUE ACCOUNTS CHARGED 2% PER MONTH**



HALLER MECHANICAL  
CONTRACTORS INC.

1537 McDOUGALL ST., WINDSOR, ONTARIO N8X 3M9  
Phone: 519-254-4635 Fax: 519-254-3385

# TESTING AND INSPECTION REPORT

## REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY

## DOUBLE CHECK VALVE ASSEMBLY AND PRESSURE VACUUM BREAKER



FAILED TEST

PASSED TEST



Utilities

Owner/Agent



Tester

Other

ADDRESS LOCATION 5050 TECUMSEH RD E - WINDSOR		OCCUPANT SHOPPERS DRUG MART		PARTY CONTACTED AVTAR GREWAL		TELEPHONE NUMBER ( )	
OWNER/AGENT CONSULT MECHANICAL		ADDRESS OF OWNER/AGENT 2-54 AUDIA COURT - CONCORD		POSTAL CODE L4K 3N5		TELEPHONE NUMBER 905 738-1400	
TYPE OF ASSEMBLY <input type="checkbox"/> RP <input type="checkbox"/> SCVA <input checked="" type="checkbox"/> DCVA <input type="checkbox"/> PVB		TYPE OF HAZARD <input type="checkbox"/> SEVERE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> MINOR		MAKE OF ASSEMBLY WATTS		MODEL NUMBER LF007QT	
LOCATION OF PROTECTION <input type="checkbox"/> PREMISE <input checked="" type="checkbox"/> ZONE		LOCATION OF ASSEMBLY HOSE REEL		SERIAL NUMBER 90699		SIZE 1/2 "	
TESTER'S AWWA or CERTIFICATE NUMBER 22282		TESTER'S EQUIPMENT NUMBER 11221025		TESTER'S ONTARIO PLUMBING CERTIFICATE OR QUALIFICATION NUMBER 18011201		NAME OF CERTIFIED TESTER ISABEL CIMINO	
BUSINESS NAME HALLER MECHANICAL CONTE		TELEPHONE NUMBER (24 HRS) 519 254-4635		LINE PRESSURE AT TIME OF TES 35 Psi		PRESSURE DIFFERENTIAL ACROSS (NO FLOW) FIRST CHECK VALVE 1.6 Psi SECOND CHECK VALVE 1.4 P	
ADDRESS 1537 MCDUGALL ST, WINDSOR, ON N8X 3M9							
REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY							
DOUBLE CHECK VALVE ASSEMBLY							
PRESSURE VACUUM BREAKER							
TEST RESULTS							
TEST DATE MM / DD / YY 04/09/25		CHECK VALVE NUMBER 2 WITH FLOW <input checked="" type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		CHECK VALVE NUMBER 1 WITH FLOW <input checked="" type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		DIFFERENTIAL PRESSURE RELIEF VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED AT _____ Psi	
SHUT OFF VALVE 1 2 STATUS <input checked="" type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		CHECK VALVE NUMBER 1 AGAINST FLOW <input checked="" type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		AIR GAP FITTING <input type="checkbox"/> YES <input type="checkbox"/> NO		AIR INLET VALVE CHECK VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
IF THE ASSEMBLY FAILS THE INITIAL TEST FOR ANY REASON, COMPLETE THIS SECTION AND NOTE REPAIR BELOW							
1 <input type="checkbox"/> CLEANED 2 <input type="checkbox"/> DISC 3 <input type="checkbox"/> SPRING 4 <input type="checkbox"/> GUIDE 5 <input type="checkbox"/> PIN RETAINER 6 <input type="checkbox"/> HINGE PIN 7 <input type="checkbox"/> SEAT 8 <input type="checkbox"/> DIAPHRAGM 9 <input type="checkbox"/> OTHER		20 <input type="checkbox"/> CLEANED 21 <input type="checkbox"/> DISC 22 <input type="checkbox"/> SEAT 23 <input type="checkbox"/> OTHER, DESC:		30 <input type="checkbox"/> CLEANED 31 <input type="checkbox"/> DISC 32 <input type="checkbox"/> SPRING 33 <input type="checkbox"/> GUIDE 34 <input type="checkbox"/> PIN RETAINER 35 <input type="checkbox"/> HINGE PIN 36 <input type="checkbox"/> SEAT 37 <input type="checkbox"/> DIAPHRAGM 38 <input type="checkbox"/> OTHER DESC:		50 <input type="checkbox"/> CLEANED 51 <input type="checkbox"/> DISC. UPPER 52 <input type="checkbox"/> DISC. LOWER 53 <input type="checkbox"/> SPRING 54 <input type="checkbox"/> DIAPHRAGM, LARGE 55 <input type="checkbox"/> UPPER 56 <input type="checkbox"/> LOWER 57 <input type="checkbox"/> DIAPHRAGM, SMALL 58 <input type="checkbox"/> UPPER 59 <input type="checkbox"/> LOWER 60 <input type="checkbox"/> SPACER, LOWER 61 <input type="checkbox"/> OTHER DESC:	
INLET SIZE AIR GAP SIZE DRAIN SUPPORT PER CODE YES NO		70 <input type="checkbox"/> CLEANED 71 <input type="checkbox"/> VENT DISC 72 <input type="checkbox"/> VENT SPRING 73 <input type="checkbox"/> POPPET 74 <input type="checkbox"/> RETAINER 75 <input type="checkbox"/> SPRING 76 <input type="checkbox"/> DISC 77 <input type="checkbox"/> GUIDE 78 <input type="checkbox"/> OTHER DESC:		RE-TEST RESULTS		RE-TEST RESULTS	
RE-TEST DATE MM / DD / YY		RE-TEST Psi		RE-TEST Psi		RE-TEST RESULTS	
<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 _____ Psi <input type="checkbox"/> YES <input type="checkbox"/> NO	
<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 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
REMARKS - REASON FOR FAILURE (IF APPARENT)							
I CERTIFY THAT I HAVE TESTED AND TAGGED THE ABOVE ASSEMBLY IN ACCORDANCE TO THE CSA STANDARD B64				SIGNATURE OF CERTIFIED TESTER <i>Isabel Cimino</i>		DATE MM / DD / YY 04/09/25	
FOR OFFICE USE ONLY SIGNATURE ON FILE				MM / DD / YY		DEVICE # 1	