

The City of \_\_\_\_\_

# CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

Mailing Address: The City of \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

ADDRESS OF DEVICE			OCCUPANT			CONTACT			TELEPHONE NUMBER					
OWNER			ADDRESS OF OWNER			POSTAL CODE			TELEPHONE NUMBER					
SERIAL NUMBER		MAKE		MODEL		SIZE		INSTALL DATE YYYY MM DD		BUILDING				
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____						LOCATION OF ASSEMBLY (ie. ROOM NUMBER)								
TESTER'S AWWA NUMBER			TESTER'S EQUIPMENT NUMBER			TESTER'S NAME			TELEPHONE NUMBER					
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE			FAX NUMBER					
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACES SERIAL # _____						TYPE OF DEVICE <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB <input type="checkbox"/> RPF <input type="checkbox"/> DCVAF <input type="checkbox"/> SCVAF								
<b>T E S T</b>	<b>RP / RPF ASSEMBLY</b>		<b>CHECK VALVE 2</b>		<b>CHECK VALVE 1</b>		<b>DCVA, DCVAF, SCVAF</b>			<b>PVB / SRPVB ASSEMBLY</b>		<b>SHUT OFF VALVES</b>		
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<b>CHECK VALVE 1</b>		<b>CHECK VALVE 2</b>		<b>AIR INLET VALVE</b>		<b>CHECK VALVE</b>	
	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) <b>A</b> _____ Psi kPa						<input type="checkbox"/> LEAKED		<input type="checkbox"/> LEAKED		<input type="checkbox"/> FAILED TO OPEN		<input type="checkbox"/> LEAKED	
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater)    - <b>B</b> _____ Psi kPa						<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> OPENED		<input type="checkbox"/> CLOSED TIGHT	
	BUFFER (3 psi or greater) <b>A - B = C</b> = <b>C</b> _____ Psi kPa												<input type="checkbox"/> LEAKED <input type="checkbox"/>	
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi						<b>TEST RESULT</b> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			<b>TEST DATE</b> YYYY    MM    DD					
<b>R E P A I R</b>	<b>If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.</b>													
	<b>CHECK APPLICABLE VALVE(S)</b>			<input type="checkbox"/> RELIEF VALVE		<input type="checkbox"/> CHECK VALVE #1		<input type="checkbox"/> CHECK VALVE #2		<input type="checkbox"/> AIR INLET VALVE		<input type="checkbox"/> SHUT OFF VALVE		
	<b>CHECK APPLICABLE REPAIR</b>			<input type="checkbox"/> CLEANED; REPLACED:		<input type="checkbox"/> DISC <input type="checkbox"/> SPRING		<input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SEAT		<input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS		<input type="checkbox"/> POPPET <input type="checkbox"/> REPAIR KIT		
<b>R E T E S T</b>	<b>RP / RPF ASSEMBLY</b>		<b>CHECK VALVE 2</b>		<b>CHECK VALVE 1</b>		<b>DCVA, DCVAF, SCVAF</b>			<b>PVB / SRPVB ASSEMBLY</b>		<b>SHUT OFF VALVES</b>		
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<b>CHECK VALVE 1</b>		<b>CHECK VALVE 2</b>		<b>AIR INLET VALVE</b>		<b>CHECK VALVE</b>	
	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) <b>A</b> _____ Psi kPa						<input type="checkbox"/> LEAKED		<input type="checkbox"/> LEAKED		<input type="checkbox"/> FAILED TO OPEN		<input type="checkbox"/> LEAKED	
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater)    - <b>B</b> _____ Psi kPa						<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> OPENED		<input type="checkbox"/> CLOSED TIGHT	
	BUFFER (3 psi or greater) <b>A - B = C</b> = <b>C</b> _____ Psi kPa												<input type="checkbox"/> LEAKED <input type="checkbox"/>	
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi						<b>RETEST RESULT</b> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			<b>RETEST DATE</b> YYYY    MM    DD					
<b>I certify the above device has been tested in accordance with The City of _____ Bylaw _____.</b>														
SIGNATURE OF CERTIFIED TESTER				DATE YYYY    MM    DD		SIGNATURE OF OWNER / TENANT				DATE YYYY    MM    DD				
REMARKS/COMMENTS														
<b>FOR OFFICE USE ONLY</b>		TESTING FREQUENCY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> BI-ANNUAL <input type="checkbox"/> TRI-ANNUAL				INSPECTOR'S SIGNATURE				DATE YYYY    MM    DD				

**DISTRIBUTION:**  
**WHITE** - Cross Connection Control Officer

**CANARY** - Certified Tester  
**PINK** - Occupant or Owner

The personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(c), and is used solely for the purpose of information to record test details and results. For additional information, contact \_\_\_\_\_