



This document is to be clearly filled out by an AWWA certified Cross Control Connection Specialist.

TESTING AND INSPECTION REPORT CROSS CONNECTION CONTROL

ADDRESS LOCATION		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		MODEL NUMBER		SERIAL NUMBER				
LOCATION OF ASSEMBLY		WATER METER SERIAL #		INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____						
TESTER'S AWWA NUMBER		TESTER'S EQUIPMENT NUMBER		NAME OF CERTIFIED TESTER		BUSINESS NAME				
BUSINESS ADDRESS		POSTAL CODE		TYPE OF TEST (PLEASE CHECK ONE) <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACES SERIAL # _____						
T E S T	RP/RFF ASSEMBLY		CHECK VALVE 2	CHECK VALVE 1	DCVA, DCVAF		PVB ASSEMBLY	SHUT OFF VALVES		
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT () READING	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT () READING	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	# 1	# 2
	PRESSURE DIFFERENTIAL ACROSS 1 ST CHECK VALVE (no flow) A _____ Psi kPa				<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/>
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE [2 PSI OR GREATER] - B _____ Psi kPa				<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/>	<input type="checkbox"/>
	BUFFER [3 PSI OR GREATER] A - B = C = C _____ Psi kPa				() READING	() READING	() READING	() READING	<input type="checkbox"/> CLOSED	<input type="checkbox"/>
STATIC INLET LINE PRESSURE AT TIME OF TEST kPa Psi				TEST DATE YYYY MM DD		TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				
R E P A I R	If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.									
	CHECK APPLICABLE VALVE(S)		<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			
	CHECK APPLICABLE REPAIR		<input type="checkbox"/> CLEANED; REPLACED	<input type="checkbox"/> DISC	<input type="checkbox"/> SPRING	<input type="checkbox"/> DIAPHRAM	<input type="checkbox"/> SEAT	<input type="checkbox"/> GUIDE	<input type="checkbox"/> O-RINGS	<input type="checkbox"/> POPPET
R E T E S T	RP/RFF ASSEMBLY		CHECK VALVE 2	CHECK VALVE 1	DCVA, DCVAF		PVB ASSEMBLY	SHUT OFF VALVES		
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT () READING	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT () READING	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	# 1	# 2
	PRESSURE DIFFERENTIAL ACROSS 1 ST CHECK VALVE (no flow) A _____ Psi kPa				<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/>
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psi kPa				<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/>	<input type="checkbox"/>
	BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa				() READING	() READING	() READING	() READING	<input type="checkbox"/> CLOSED	<input type="checkbox"/>
STATIC INLET LINE PRESSURE AT TIME OF TEST kPa Psi				RETEST DATE YYYY MM DD		RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				
REMARKS/COMMENTS										
						SIGNATURE OF CERTIFIED TESTER		DATE YYYY MM DD		

White Copy - RM office (ATTN: Manager of Utilities)

Yellow Copy - Occupant

Pink Copy to remain in book

The information is collected under the authority of R.M. of Sherwood No. 159 By-Law No. 13/12 and may be used for the enforcement and administration of the By-law, and will be stored by the RM for such period of time which facilitates the enforcement and administration of the By-Law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses, unless otherwise modified or revised in writing and delivered to the Manager of Utilities for the R.M. of Sherwood No. 159.