



TESTING AND INSPECTION REPORT CROSS CONNECTION CONTROL

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

| | | | | | | | | | | | | |
|---|--|---------------------------|---|---|---------------------------------------|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 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 | | SIZE | | INSTALL DATE YY MM DD | | |
| 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 | | | TELEPHONE NUMBER | | |
| 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"/> LEAKED | <input type="checkbox"/> LEAKED | <input type="checkbox"/> LEAKED | |
| | <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"/> CLOSED TIGHT | <input type="checkbox"/> CLOSED TIGHT | <input type="checkbox"/> CLOSED TIGHT | <input type="checkbox"/> CLOSED TIGHT | |
| | BUFFER [3 PSI OR GREATER] A - B = C = C _____ Psi kPa | | | () READING | () READING | () READING | () READING | () READING | () READING | <input type="checkbox"/> CLOSED | <input type="checkbox"/> CLOSED | |
| 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 | | | | | |
| If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results. | | | | | | | | | | | | |
| R E P A I R | 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 <input type="checkbox"/> REPAIR KIT | | | | | | | | | | | |
| 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"/> LEAKED | <input type="checkbox"/> LEAKED | <input type="checkbox"/> LEAKED | |
| | <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"/> CLOSED TIGHT | <input type="checkbox"/> CLOSED TIGHT | <input type="checkbox"/> CLOSED TIGHT | <input type="checkbox"/> CLOSED TIGHT | |
| | BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa | | | () READING | () READING | () READING | () READING | () READING | () READING | <input type="checkbox"/> CLOSED | <input type="checkbox"/> CLOSED | |
| 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 | | | |

*Please provide a copy of the testing results to: The R.M. of Sherwood No. 159 Office, The Occupant and keep a copy for your records.

This information is collected under the authority of the R.M. of Sherwood No. 159 Bylaw No. 17/17 and may be used for the enforcement and administration of the Bylaw and will be stored by the RM for such a period of time which facilitates the enforcement and administration of the Bylaw. Completion of this form constitutes consent by the owner and qualified persons to these terms and uses, unless otherwise modified or revised in writing and delivered to the R.M. of Sherwood No. 159.