



# 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 <sup>ST</sup> CHECK VALVE (no flow)			A _____ PsikPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> LEAKED		<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"/> OPENED, OPENING POINT OF RELIEF VALVE [2PSIOR GREATER]			- B _____ PsikPa		<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> OPENED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> LEAKED							
	BUFFER [3PSIOR GREATER]   A - B = C			= C _____ PsikPa		(   ) READING   (   ) READING		(   ) READING   (   ) READING		<input type="checkbox"/> OPENED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> LEAKED							
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	<b>If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.</b>																		
	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; REPAIRED		<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 <sup>ST</sup> CHECK VALVE (no flow)			A _____ PsikPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> LEAKED		<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"/> OPENED, OPENING POINT OF RELIEF VALVE (2psi or greater)			- B _____ Psi kPa		<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> OPENED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> LEAKED							
	BUFFER (3psi or greater)   A - B = C			= C _____ Psi kPa		(   ) READING   (   ) READING		(   ) READING   (   ) READING		<input type="checkbox"/> OPENED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> LEAKED							
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.