



**CROSS CONNECTION CONTROL
TESTING AND INSPECTION REPORT**

ADDRESS OF DEVICE			OCCUPANT		CONTACT			TELEPHONE NUMBER ()	
OWNER		ADDRESS OF OWNER				POSTAL CODE		TELEPHONE NUMBER ()	
SERIAL NUMBER		MAKE		MODEL		SIZE		INSTALL DATE DD/MM/YYYY	
REPLACES SERIAL NUMBER		BUILDING		LOCATION OF ASSEMBLY (ie. ROOM NUMBER)					
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR		INSTALLED ON <input type="checkbox"/> PREMISES-ISOLATING DEVICE <input type="checkbox"/> INTERNAL DEVICE			INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____				
TESTERS AWWA NUMBER		TESTERS EQUIPMENT NUMBER		TESTERS NAME				TELEPHONE NUMBER ()	
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE		FAX NUMBER ()	

T E S T	<input type="checkbox"/> AAG (2 x Dia.)	<input type="checkbox"/> RP / RPF ASSEMBLY	CHECK VALVE 2	CHECK VALVE 1	<input type="checkbox"/> DCVA, DCVAF, SCVAF	<input type="checkbox"/> PVB / SRPVB ASSEMBLY	SHUT OFF VALVES		
		<input type="checkbox"/> LEAKED <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	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1 #2
	Outlet Dia. in _____ mm	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) A _____ Psi kPa			Pressure Drop _____ Psi kPa	Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> <input type="checkbox"/> CLOSED <input type="checkbox"/>
	AG Size in _____ mm	BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa							
	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi kPa			TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		TEST DATE	DD/MM YYYY		

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"/> DIAPHRAGM <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	<input type="checkbox"/> AAG (2 x Dia.)	<input type="checkbox"/> RP / RPF ASSEMBLY	CHECK VALVE 2	CHECK VALVE 1	<input type="checkbox"/> DCVA, DCVAF, SCVAF	<input type="checkbox"/> PVB / SRPVB ASSEMBLY	SHUT OFF VALVES		
		<input type="checkbox"/> LEAKED <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	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1 #2
	Outlet Dia. in _____ mm	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) A _____ Psi kPa			Pressure Drop _____ Psi kPa	Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> <input type="checkbox"/> CLOSED <input type="checkbox"/>
	AG Size in _____ mm	BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa							
	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi kPa			TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		TEST DATE	DD / MM YYYY		

I Certify the above device has been tested in accordance with the Rocky View County Water/Wastewater Utilities Bylaw C-7662-2017 and Cross Connection Control Manual WC AWWA.			
SIGNATURE OF CERTIFIED TESTER		DATE DD/MM/YYYY	
SIGNATURE OF OWNER/TENANT		DATE DD/MM/YYYY	
REMARKS/COMMENTS			

FOR OFFICE USE ONLY	TESTING FREQUENCY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> TRI-ANNUAL	INSPECTOR'S SIGNATURE / COMMENTS	DATE DD/MM/YYYY
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