

**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			
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 ( )			
<b>T E S T</b>	<input type="checkbox"/> AAG (2 x Dia.)	<input type="checkbox"/> RP / RPF ASSEMBLY	<b>CHECK VALVE 2</b>	<b>CHECK VALVE 1</b>	<input type="checkbox"/> DCVA, DCVAF, SCVAF	<input type="checkbox"/> PVB / SRPVB ASSEMBLY	<b>SHUT OFF VALVES</b>		
		<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED <input type="checkbox"/>	
		<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	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED <input type="checkbox"/>	
	Outlet Dia. in mm	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) <b>A</b> _____ Psi kPa	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE ( 2 psi or greater) - <b>B</b> _____ Psi kPa	Pressure Drop _____ Psi kPa	Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN	Pressure Drop _____ Psi kPa	<input type="checkbox"/> CLOSED <input type="checkbox"/>	
AG Size in mm	BUFFER (3 psi or greater) <b>A - B = C = C</b> _____ Psi kPa	TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	TEST DATE	DD/MM	YYYY				
	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi kPa								
<b>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								
	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
<b>R E T E S T</b>	<input type="checkbox"/> AAG (2 x Dia.)	<input type="checkbox"/> RP / RPF ASSEMBLY	<b>CHECK VALVE 2</b>	<b>CHECK VALVE 1</b>	<input type="checkbox"/> DCVA, DCVAF, SCVAF	<input type="checkbox"/> PVB / SRPVB ASSEMBLY	<b>SHUT OFF VALVES</b>		
		<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED <input type="checkbox"/>	
		<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	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED <input type="checkbox"/>	
	Outlet Dia. in mm	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) <b>A</b> _____ Psi kPa	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE ( 2 psi or greater) - <b>B</b> _____ Psi kPa	Pressure Drop _____ Psi kPa	Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN	Pressure Drop _____ Psi kPa	<input type="checkbox"/> CLOSED <input type="checkbox"/>	
AG Size in mm	BUFFER (3 psi or greater) <b>A - B = C = C</b> _____ Psi kPa	TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	TEST DATE	DD / MM	YYYY				
	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi kPa								
<b>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.</b>									
SIGNATURE OF CERTIFIED TESTER		DATE DD/MM/YYYY		SIGNATURE OF OWER/TENANT		DATE DD/MM/YYYY			
REMARKS/COMMENTS									
<b>FOR OFFICE USE ONLY</b>	TESTING FREQUENCY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> TRI-ANNUAL	INSPECTOR'S SIGNATURE / COMMENTS				DATE DD/MM/YYYY			