

CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

Rocky View County Utility Services Department 262075 Rocky View Point, Rocky View County, AB T4A 0X2 Email: crossconnection@rockyview.ca

ADDRI	ESS OF DEVICE		OCCUPANT CONT			ТАСТ			TELEPHONE NUMBER	
OWNE	ER		ADDRESS OF OWNER				POSTAL CODE		TELEPHONE NUMBER	
SERIAL NUMBER			MAKE	MODE			SIZE		() INSTALL DATE	DD/MM/YYYY
										, ,
REPLACES SERIAL NUMBER			BUILDING LOCATION OF ASSEMBLY			JOM NUMBER)				
	OF TEST INITIAL ANNU	JAL REPAIR	INSTALLED ON PREMISES-ISOLATING DEVICE INTERNAL DEVICE			INSTALLED ON WHAT S DOMESTIC	NSTALLED ON WHAT SYSTEM DOMESTIC FIRE IRRIGATION OTHER			
TESTERS AWWA NUMBER			TESTERS EQUIPMENT NUME	TESTERS NAME				TELEPHONE NUMBER		
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE			FAX NUMBER	
T E S T	AAG (2 x Dia.) Outlet Dia. in mm AG Size in mm	RP / RPF ASSEMBLY		CHECK VALVE 2 CHECK VALVE 1		DCVA, DCVAF, SCVAF		PVB / SRP\	SRPVB ASSEMBLY SHUT OFF VALVES	
				LEAKED	LEAKED	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1 #2
		RELIEF VALVE	FAILED TO OPEN	☐ CLOSED TIGHT	☐ CLOSED TIGHT	LEAKED	LEAKED	FAILED TO	LEAKED	LEAKED .
		PRESSURE DIFFERENTIAL A	ACROSS 1st CHECK VALVE (no flow)	Α	_ Psi kPa	CLOSED TIGHT	CLOSED TIGHT	OPEN	☐ CLOSED TIGHT	
		OPENED, OPENING	POINT OF RELIEF VALVE (2 psi or §	greater) - B	Psi kPa	Pressure Drop	Pressure Drop	OPENED	Pressure Drop	CLOSED
		BUFFER (3 psi or greater)	A - B = C	= C	Psi kPa	Psi kPa	Psi kPa		Psi kPa	
		STATIC INLET LINE PR	ESSURE AT TIME OF TEST	Psi kPa	TEST RESULT	PASSED F	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)			ALVE 0	CHECK VALVE #1	CHECK VALV	CHECK VALVE #2 AIR INLET VALVE		SHUT OFF VALVE	
	CHECK APPLICABLE REPAIR CLEANED; REPLACED:			DISC	SPRING DIA	APHRAGM SE	EAT GUIDE	O-RINGS	POPPET	REPAIR KIT
R E T	AAG (2 x Dia.)	RP / RPF ASSEMBLY		CHECK VALVE 2	CHECK VALVE 1	DCVA, DCVA	AF, SCVAF	PVB / SRPV	B ASSEMBLY	SHUT OFF VALVES
				LEAKED	LEAKED	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1 #2
		RELIEF VALVE	FAILED TO OPEN	CLOSED TIGHT	CLOSED TIGHT	LEAKED	LEAKED	FAILED TO	☐ LEAKED	LEAKED _
	Outlet Dia. in	PRESSURE DIFFERENTIAL A	ACROSS 1st CHECK VALVE (no flow)	Α	_ Psi kPa	☐ CLOSED TIGHT	CLOSED TIGHT	OPEN	☐ CLOSED TIGHT	
E	mm	OPENED, OPENING POINT OF RELIEF VALVE (2 psi or §		greater) - B	_ Psi kPa	Pressure Drop	Pressure Drop	OPENED	Pressure Drop	CLOSED
S T	AG Size	BUFFER (3 psi or greater)	A - B = C	= C	Psi kPa	Psi kPa	Psi kPa		Psi kPa	
	in mm	STATIC INLET LINE PR	ESSURE AT TIME OF TEST	Psi kPa	TEST RESULT	PASSED F	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.										
SIGNA	TURE OF CERTIFIED T	ESTER		DATE DD/MM/YYYY		SIGNATURE OF OWER/TENANT			DATE DD/MM/YYYY	
REMARKS/COMMENTS										
FOF	R OFFICE USE ONLY	TESTING FREQUENCY SEMI-ANNUAL ANNUAL TRI-ANNUAL INSPECTOR'S SIGNATURE / COMMENTS						DATE DD/MM/YYY	Υ	
DISTRIBUTION:		COPY 1: COPY 2: COPY 3: The personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act. See							Section 33(c) and is used solely for t	the nurnose of information to