

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 ()			
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"/> 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) A _____ Psi kPa	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psi kPa	Pressure Drop _____ Psi kPa	Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> OPENED	Pressure Drop _____ Psi kPa	<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	
REPAIR									
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"/> 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) A _____ Psi kPa	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psi kPa	Pressure Drop _____ Psi kPa	Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> OPENED	Pressure Drop _____ Psi kPa	<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 OWER/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	