

## CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

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### Approved Air Gap, Reduced Pressure Principle Assembly, Double Check Valve Assembly and Pressure Vacuum Breaker

STREET ADDRESS OF DEVICE			OCCUPANT			CONTACT			TELEPHONE NUMBER					
OWNER			ADDRESS OF OWNER				POSTAL CODE		TELEPHONE NUMBER					
TYPE OF DEVICE RP    DCVA    PVB    Approved Air Gap    Other _____			MAKE		MODEL		SIZE	SERIAL NUMBER		INSTALL DATE MM    DD    YYYY				
INSTALLED ON WHAT SYSTEM? DOMESTIC    FIRE    IRRIGATION		PREMISE OR ZONE PROTECTION?	IF ZONE, INDICATE NATURE OF HAZARD (Boiler, Pressure Washer, Laboratory, etc.) _____			FLOOR/ROOM NUMBER		LOCATION OF ASSEMBLY WITHIN ROOM						
TESTER'S AWWA NUMBER			TESTER'S EQUIPMENT NUMBER			TESTER'S NAME			TELEPHONE NUMBER					
BUSINESS NAME			BUSINESS ADDRESS				POSTAL CODE		FAX NUMBER					
TYPE OF TEST    INITIAL    ANNUAL    REPLACEMENT    FAILURE/RETEST														
TEST	RP ASSEMBLY		CHECK VALVE 2		CHECK VALVE 1		DCVA		PVB		SHUT OFF VALVES		PROPER AIR GAP	
	RELIEF VALVE FAILED TO OPEN		LEAKED CLOSED TIGHT		LEAKED CLOSED TIGHT		CHECK VALVE 2	CHECK VALVE 1	AIR INLET VALVE	CHECK VALVE	#1	#2		
	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE			A _____ Psi/kPa		LEAKED		LEAKED		FAILED TO OPEN	LEAKED	LEAKED		YES
	OPENING POINT OF RELIEF VALVE (2 psi or greater) -			B _____ Psi/kPa		CLOSED TIGHT		CLOSED TIGHT		OPENED	CLOSED TIGHT	CLOSED		NO
	BUFFER (3 psi or greater)			A - B = C = C _____ Psi/kPa										
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi/kPa				TEST DATE		MM    DD    YYYY		TEST RESULT		PASSED    FAILED				
<b>If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.</b>														
REPAIR	CHECK APPLICABLE VALVE(S)	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	SHUT OFF VALVE	REPLACE DEVICE:	ENTER DETAILS →	SIZE	SERIAL NUMBER					
	REPAIRS:	CLEANED	REPAIR KIT	OTHER REPLACED PARTS _____		MAKE		MODEL						
RE-TEST	RP ASSEMBLY		CHECK VALVE 2		CHECK VALVE 1		DCVA		PVB		SHUT OFF VALVES		PROPER AIR GAP	
	RELIEF VALVE FAILED TO OPEN		LEAKED CLOSED TIGHT		LEAKED CLOSED TIGHT		CHECK VALVE 2	CHECK VALVE 1	AIR INLET VALVE	CHECK VALVE	#1	#2		
	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE			A _____ Psi/kPa		LEAKED		LEAKED		FAILED TO OPEN	LEAKED	LEAKED		YES
	OPENING POINT OF RELIEF VALVE (2 psi or greater) -			B _____ Psi/kPa		CLOSED TIGHT		CLOSED TIGHT		OPENED	CLOSED TIGHT	CLOSED		NO
	BUFFER (3 psi or greater)			A - B = C = C _____ Psi/kPa										
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi/kPa				RE-TEST DATE		MM    DD    YYYY		RE-TEST RESULT		PASSED    FAILED				
I certified that I have tested the above device in accordance with The Town of Blackfalds Bylaw and the Cross Connection Control Manual WC AWWA.														
SIGNATURE OF CERTIFIED TESTER				DATE		SIGNATURE OF OWNER/TENANT				DATE				
X				MM    DD    YYYY		X				MM    DD    YYYY				
FOR OFFICE USE ONLY    REVIEWED    ENTERED    REMEDIAL ACTION REQUIRED    FILE														

DISTRIBUTION: Cross Connection Control Officer  
Certified Tester  
Occupant or Owner



TESTER'S REMARKS: \_\_\_\_\_