CROSS CONNECTION CONTROL
TESTING AND INSPECTION REPORT

ADDRESS OF ASSEMBLY	OCCUPANT	CONTACT	TELEPHONE NUMBER

OWNER	ADDRESS OF OWNER	POSTAL CODE	TELEPHONE NUMBER

ASSEMBLY SERIAL NUMBER	MAKE	MODEL	SIZE	INSTALL DATE (YYYY MM DD)	BUILDING

INSTALLED ON WHAT SYSTEM
☐ PREMISE ☐ FIRE ☐ IRRIGATION ☐ OTHER _____

LOCATION OF ASSEMBLY (ie. ROOM NUMBER)

TESTER'S AWWA NUMBER	TEST EQUIPMENT SERIAL NUMBER	TESTER'S NAME (PLEASE PRINT)	TELEPHONE NUMBER

BUSINESS NAME	BUSINESS ADDRESS	POSTAL CODE	FAX NUMBER

TYPE OF TEST
☐ INITIAL ☐ ANNUAL ☐ REPAIR ☐ REPLACES SERIAL # _____

TYPE OF ASSEMBLY
☐ RP ☐ DCVA ☐ PVB

WATER METER SERIAL NUMBER

TEST

RP	CHECK VALVE 2	CHECK VALVE 1	DCVA		PVB		SHUT OFF VALVES	
☐ RELIEF VALVE FAILED TO OPEN	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1	#2
			☐ LEAKED ☐ CLOSED TIGHT SPRING LOAD ____	☐ LEAKED ☐ CLOSED TIGHT SPRING LOAD ____	☐ FAILED TO OPEN ☐ OPENED	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED	☐ ☐

PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (no flow) A _____ Psi kPa
☐ OPENED, OPENING POINT OF RELIEF VALVE (2psi or greater) - B _____ Psi kPa
BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa

STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi
TEST DATE (YYYY MM DD)
TEST RESULT ☐ PASSED ☐ FAILED

REPAIR

If the Assembly fails the intial test for any reason, complete the sections below, noting the repairs and retest results.

CHECK APPLICABLE VALVE(S) ☐ RELIEF VALVE ☐ CHECK VALVE #1 ☐ CHECK VALVE #2 ☐ AIR INLET VALVE ☐ SHUT OFF VALVE

CHECK APPLICABLE REPAIR ☐ CLEANED; REPAIRED: ☐ DISC ☐ SPRING ☐ DIAPHRAM ☐ SEAT ☐ GUIDE ☐ O-RINGS ☐ POPPET ☐ REPAIR KIT

RETEST

RP	CHECK VALVE 2	CHECK VALVE 1	DCVA		PVB		SHUT OFF VALVES	
☐ RELIEF VALVE FAILED TO OPEN	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED TIGHT	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1	#2
			☐ LEAKED ☐ CLOSED TIGHT SPRING LOAD ____	☐ LEAKED ☐ CLOSED TIGHT SPRING LOAD ____	☐ FAILED TO OPEN ☐ OPENED	☐ LEAKED ☐ CLOSED TIGHT	☐ LEAKED ☐ CLOSED	☐ ☐

PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (no flow) A _____ Psi kPa
☐ OPENED, OPENING POINT OF RELIEF VALVE (2psi or greater) - B _____ Psi kPa
BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa

STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi
RETEST DATE (YYYY MM DD)
RETEST RESULT ☐ PASSED ☐ FAILED

REMARKS-COMMENTS

SIGNATURE OF CERTIFIED TESTER

DATE (YYYY MM DD)

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