

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		

T E S T	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		
		PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (no flow)		A _____ Psi kPa		☐ LEAKED ☐ CLOSED TIGHT		☐ LEAKED ☐ CLOSED TIGHT		☐ FAILED TO OPEN ☐ OPENED		☐ LEAKED ☐ CLOSED TIGHT	
		☐ OPENED, OPENING POINT OF RELIEF VALVE (2psi or greater)		- B _____ Psi kPa		SPRING LOAD _____		SPRING LOAD _____				☐ LEAKED ☐ CLOSED	
		BUFFER (3 psi or greater) A - B = C		= C _____ Psi kPa								☐ CLOSED ☐	
		STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa		Psi		TEST DATE YYYY MM DD		TEST RESULT		☐ PASSED ☐ FAILED			

If the Assembly fails the initial 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	

R E T E S T	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		
		PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (no flow)		A _____ Psi kPa		☐ LEAKED ☐ CLOSED TIGHT		☐ LEAKED ☐ CLOSED TIGHT		☐ FAILED TO OPEN ☐ OPENED		☐ LEAKED ☐ CLOSED TIGHT	
		☐ OPENED, OPENING POINT OF RELIEF VALVE (2psi or greater)		- B _____ Psi kPa		SPRING LOAD _____		SPRING LOAD _____				☐ LEAKED ☐ CLOSED	
		BUFFER (3 psi or greater) A - B = C		= C _____ Psi kPa								☐ CLOSED ☐	
		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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FOR OFFICE USE ONLY
