



CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

22 Centennial Drive
Penetanguishene, Ontario
L9M 1G8

ADDRESS OF DEVICE			OCCUPANT			CONTACT			TELEPHONE NUMBER			
OWNER			ADDRESS OF OWNER			POSTAL CODE			TELEPHONE NUMBER			
SERIAL NUMBER			MAKE			MODEL			SIZE			
REPLACES SERIAL #			BUILDING			LOCATION OF ASSEMBLY (ie. ROOM NUMBER)						
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 _____									
TESTER'S AWWA NUMBER			TESTER'S EQUIPMENT NUMBER			TESTER'S NAME			TELEPHONE NUMBER			
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE			FAX NUMBER			
T E S T	TYPE OF TEST	<input type="checkbox"/> RP / RPF ASSEMBLY <input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		CHECK VALVE 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	CHECK VALVE 1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> DCVA, DCVAF, SCVAF CHECK VALVE 1 CHECK VALVE 2		<input type="checkbox"/> PVB / SRPVB ASSEMBLY AIR INLET VALVE CHECK VALVE		SHUT OFF VALVES #1 #2		
	<input type="checkbox"/> INITIAL	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) A _____ Psi kPa				<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psi kPa BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa				<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> REPAIR	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi kPa				TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		TEST DATE		YYYY	MM	DD
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) <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	TYPE OF TEST	<input type="checkbox"/> RP / RPF ASSEMBLY <input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		CHECK VALVE 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	CHECK VALVE 1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> DCVA, DCVAF, SCVAF CHECK VALVE 1 CHECK VALVE 2		<input type="checkbox"/> PVB / SRPVB ASSEMBLY AIR INLET VALVE CHECK VALVE		SHUT OFF VALVES #1 #2		
	<input type="checkbox"/> INITIAL	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) A _____ Psi kPa				<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> FAILED TO OPEN	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psi kPa BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa				<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> REPAIR	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi kPa				RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		RETEST DATE		YYYY	MM	DD
I certify the above device has been tested in accordance with The Town of Penetanguishene Water Bylaw 2009-105 and Cross Connection Control Manual WC AWWA.												
SIGNATURE OF CERTIFIED TESTER				DATE YYYY MM DD		SIGNATURE OF OWNER / TENANT				DATE YYYY MM DD		
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 YYYY MM DD		