

**CROSS CONNECTION CONTROL
TESTING AND INSPECTION REPORT**

MAILING ADDRESS:
Environmental Services, Box 5008
Red Deer, Alberta, AB T4N 3T4
Phone: 403-342-8750
Email: CrossConnections@reddeer.ca

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

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

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 City of Red Deer Utility Bylaw and the Cross Connection Control Manual WC AWWA.

SIGNATURE OF CERTIFIED TESTER			DATE	MM	DD	YYYY	SIGNATURE OF OWNER/TENANT			DATE	MM	DD	YYYY
X							X						

FOR OFFICE USE ONLY REVIEWED ENTERED REMEDIAL ACTION REQUIRED FILE The personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 32, and is used solely for the purpose of information to record test details and results.

DISTRIBUTION: Cross Connection Control Officer
Certified Tester
Occupant or Owner



TESTER'S REMARKS: _____
