



CROSS CONNECTION CONTROL TESTING REPORT

TOWN OF STRATHMORE
P.O BOX 2280
STRATHMORE AB T1P 1K2
403-934-3133

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)								
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR		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	<input type="checkbox"/> AAG (2 x Dia.)	<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 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop		<input type="checkbox"/> DCVA, DCVAF, SCVAF CHECK VALVE 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop	<input type="checkbox"/> PVB / SRPVB ASSEMBLY AIR INLET VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	<input type="checkbox"/> PVB / SRPVB ASSEMBLY CHECK VALVE <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop	SHUT OFF VALVES #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	SHUT OFF VALVES #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	
	Outlet Dia. _____ in _____ mm	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) -		A _____ Psi kPa	B _____ Psi kPa	C _____ Psi kPa	_____ Psi kPa	_____ Psi kPa	_____ Psi kPa	_____ Psi kPa		
	AG Size _____ in _____ mm	BUFFER (3 psi or greater) A - B = C = C		_____ Psi kPa	_____ Psi kPa	_____ Psi kPa	_____ Psi kPa	_____ Psi kPa	_____ Psi kPa	_____ Psi kPa		
		STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa _____ Psi									TEST DATE	YYYY MM DD
REPAIR												
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 REPAIRS <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	<input type="checkbox"/> AAG (2 x Dia.)	<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 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop		<input type="checkbox"/> DCVA, DCVAF, SCVAF CHECK VALVE 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop	<input type="checkbox"/> PVB / SRPVB ASSEMBLY AIR INLET VALVE <input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	<input type="checkbox"/> PVB / SRPVB ASSEMBLY CHECK VALVE <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop	SHUT OFF VALVES #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	SHUT OFF VALVES #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	
	Outlet Dia. _____ in _____ mm	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow) OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) -		A _____ Psik Pa	B _____ Psik Pa	C _____ Psik Pa	_____ Psik Pa	_____ Psik Pa	_____ Psik Pa	_____ Psik Pa		
	AG Size _____ in _____ mm	BUFFER (3 psi or greater) A - B = C = C		_____ kPa _____ Psi	_____ kPa _____ Psi	_____ kPa _____ Psi	_____ kPa _____ Psi	_____ kPa _____ Psi	_____ kPa _____ Psi	_____ kPa _____ Psi		
		STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa _____ Psi									RETEST DATE	YYYY MM DD
TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED												
RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED												
I certify the above device has been tested in accordance with the 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		

ONCE COMPLETED, SAVE with Address of Device in the file name for your records and forward to:
1) infrastructure@strathmore.ca 2) owner 3) occupant

The personal information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, Section 33(c), and is used solely for the purpose of information to record test details and results. For additional information, contact Infrastructure at 403-361-2108.