

## CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

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Mailing Address: Water Services Dept, 6300 Hammond Bay Rd, Nanaimo BC V9T 6N2

ADDRESS OF DEVICE				OCCUPANT				CONTACT				PHONE NUMBER (     )			
OWNER				ADDRESS OF OWNER				POSTAL CODE				PHONE NUMBER (     )			
SERIAL NUMBER				MAKE				MODEL				SIZE			
REPLACES SERIAL #				BUILDING				LOCATION OF ASSEMBLY (i.e. ROOM NUMBER)							
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR				INSTALLED ON <input type="checkbox"/> PREMISE 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 BCWWA NUMBER				TESTER'S EQUIPMENT NUMBER				TESTER'S NAME				PHONE NUMBER (     )			
BUSINESS NAME				BUSINESS ADDRESS				POSTAL CODE				FAX NUMBER (     )			

  

T E S T	<input type="checkbox"/> AAG (2X Dia.)	<input type="checkbox"/> RP/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		
	Outlet Dia. _____ in _____ mm  AG Size _____ in _____ mm	PRESSURE DIFFERENTIAL ACCROSS 1 <sup>ST</sup> CHECK VALVE (no flow)    A _____ Psi kPa  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"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> <input type="checkbox"/> CLOSED <input type="checkbox"/>	
	STATIC INLET PRESSURE AT TIME OF TEST _____ kPa _____ Psi				TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		RE-TEST DATE      YYYY      MM      DD				
	If the device fails the initial test for any reason, complete the selections below, noting the repairs and re-test results.										
CHECK APPLICABLE VALVES(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"/> DIAPHRAM <input type="checkbox"/> SEAT <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RING <input type="checkbox"/> POPPET <input type="checkbox"/> REPAIR KIT											

  

R E T E S T	<input type="checkbox"/> AAG (2X Dia.)	<input type="checkbox"/> RP/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		
	Outlet Dia. _____ in _____ mm  AG Size _____ in _____ mm	PRESSURE DIFFERENTIAL ACCROSS 1 <sup>ST</sup> CHECK VALVE (no flow)    A _____ Psi kPa  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"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT Pressure Drop _____ Psi kPa	<input type="checkbox"/> LEAKED <input type="checkbox"/> <input type="checkbox"/> CLOSED <input type="checkbox"/>	
	STATIC INLET PRESSURE AT TIME OF TEST _____ kPa _____ Psi				TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		RE-TEST DATE      YYYY      MM      DD				
	I certify the above device has been tested in accordance with the Regional District of Nanaimo Cross Connection Control Bylaw 1788, and the AWWA Cross Connection Control Manual										
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	