REGIONAL DISTRICT OF NANAIMO

CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

Email: waterops@rdn.bc.ca 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	INSTALL DATE YYYY | MM | DD
REPLACES SERIAL #	BUILDING	LOCATION OF ASSEMBLY (i.e. ROOM NUMBER)	
TYPE OF TEST □ INITIAL □ ANNUAL □ REPAIR	INSTALLED ON □ PREMISE ISOLATING DEVICE □ INTERNAL DEVICE	INSTALLED ON WHAT SYSTEM □ DOMESTIC □ FIRE □ IRRIGATION □ OTHER _____	
TESTER'S BCWWA NUMBER	TESTER'S EQUIPMENT NUMBER	TESTER'S NAME	PHONE NUMBER ( )
BUSINESS NAME	BUSINESS ADDRESS	POSTAL CODE	FAX NUMBER ( )

	□ AAG (2X Dia.)	□ RP/ASSEMBLY	CHECK VALVE 2	CHECK VALVE 1	□ DCVA, DCVAF, SCVAF		□ PVB / SRPVB ASSEMBLY		SHUT OFF VALVES
					CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1 #2
TEST	Outlet Dia. in _____mm AG Size in _____mm	□ RELIEF VALVE FAILED TO OPEN	□ LEAKED □ CLOSED TIGHT	□ LEAKED □ CLOSED TIGHT	□ LEAKED □ CLOSED TIGHT Pressure Drop _____ Psi kPa	□ LEAKED □ CLOSED TIGHT Pressure Drop _____ Psi kPa	□ FAILED TO OPEN □ OPENED	□ LEAKED □ CLOSED TIGHT Pressure Drop _____ Psi kPa	□ LEAKED □ □ CLOSED □
		PRESSURE DIFFERENTIAL ACCROSS 1ST 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							
		STATIC INLET PRESSURE AT TIME OF TEST _____ kPa Psi		TEST RESULT □ PASSED □ 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.

REPAIR

CHECK APPLICABLE VALVES(S) □ RELIEF VALVE □ CHECK VALVE #1 □ CHECK VALVE #2 □ AIR INLET VALVE □ SHUT OFF VALVE

CHECK APPLICABLE REPAIR □ CLEANED; REPLACED: □ DISC □ SPRING □ DIAPHRAM □ SEAT □ GUIDE □ O-RING □ POPPET □ REPAIR KIT

	□ AAG (2X Dia.)	□ RP/ASSEMBLY	CHECK VALVE 2	CHECK VALVE 1	□ DCVA, DCVAF, SCVAF		□ PVB / SRPVB ASSEMBLY		SHUT OFF VALVES
					CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1 #2
RETEST	Outlet Dia. in _____mm AG Size in _____mm	□ RELIEF VALVE FAILED TO OPEN	□ LEAKED □ CLOSED TIGHT	□ LEAKED □ CLOSED TIGHT	□ LEAKED □ CLOSED TIGHT Pressure Drop _____ Psi kPa	□ LEAKED □ CLOSED TIGHT Pressure Drop _____ Psi kPa	□ FAILED TO OPEN □ OPENED	□ LEAKED □ CLOSED TIGHT Pressure Drop _____ Psi kPa	□ LEAKED □ □ CLOSED □
		PRESSURE DIFFERENTIAL ACCROSS 1ST 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							
		STATIC INLET PRESSURE AT TIME OF TEST _____ kPa Psi		TEST RESULT □ PASSED □ 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 □ SEMI-ANNUAL □ ANNUAL □ TRI-ANNUAL	INSPECTOR'S SIGNATURE/COMMENTS	DATE YYYY | MM | DD