



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) A _____ Psi kPa		OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psi kPa	AG Size _____ in _____ mm	BUFFER (3 psi or greater) A - B = C = C _____ Psi kPa	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa _____ Psi	TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		TEST DATE _____ YYYY _____ MM _____ DD					
	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
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) A _____ Psik Pa		OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater) - B _____ Psik Pa	AG Size _____ in _____ mm	BUFFER (3 psi or greater) A - B = C = C _____ Psik Pa	STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa _____ Psi	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 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.