

# CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

INFRASTRUCTURE SERVICES  
304 Stafford Drive North Lethbridge, AB  
T1H 2A6  
Tel: (403) 320-3092  
Email: backflow@lethbridge.ca

ADDRESS OF DEVICE				OCCUPANT				CONTACT				TELEPHONE NUMBER						
OWNER				ADDRESS OF OWNER				POSTAL CODE				FAX NUMBER						
SERIAL NUMBER				MAKE		MODEL		SIZE		INSTALL DATE YYYY MM DD		BUILDING						
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____								LOCATION OF ASSEMBLY (i.e. ROOM NUMBER)										
TESTER'S OWWA NUMBER				TESTER'S KIT CALIBRATION DATE				TESTER'S NAME				TELEPHONE NUMBER						
BUSINESS NAME				BUSINESS ADDRESS				POSTAL CODE				FAX NUMBER						
TYPE OF TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACES SERIAL # _____								TYPE OF DEVICE <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB <input type="checkbox"/> RPF <input type="checkbox"/> DCVAF <input type="checkbox"/> SCVAF										
<b>T E S T</b>	<b>RP/RPF ASSEMBLY</b>				<b>CHECK VALVE 2</b>		<b>CHECK VALVE 1</b>		<b>DCVA, DCVAF, SCVAF</b>				<b>PVB / SRPVB ASSEMBLY</b>		<b>SHUT OFF VALVES</b>			
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN				<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<b>CHECK VALVE 1</b>		<b>CHECK VALVE 2</b>		<b>AIR INLET VALVE</b>		<b>CHECK VALVE</b>		<b>#1</b> <b>#2</b>	
	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow)    A _____ Psi kPa								<input type="checkbox"/> LEAKED		<input type="checkbox"/> LEAKED		<input type="checkbox"/> FAILED TO OPEN		<input type="checkbox"/> LEAKED		<input type="checkbox"/> LEAKED <input type="checkbox"/>	
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater)    -B _____ Psi kPa								<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> OPENED		<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> CLOSED <input type="checkbox"/>	
	BUFFER (3 psi or greater)    A - B = C    =C _____ Psi kPa								DIFF psi _____		DIFF psi _____				DIFF psi _____		<input type="checkbox"/> CLOSED <input type="checkbox"/>	
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				
<b>R E P A I R</b>	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 REPAIR				<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			
<b>R E T E S T</b>	<b>RP/RPF ASSEMBLY</b>				<b>CHECK VALVE 2</b>		<b>CHECK VALVE 1</b>		<b>DCVA, DCVAF, SCVAF</b>				<b>PVB / SRPVB ASSEMBLY</b>		<b>SHUT OFF VALVES</b>			
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN				<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<b>CHECK VALVE 1</b>		<b>CHECK VALVE 2</b>		<b>AIR INLET VALVE</b>		<b>CHECK VALVE</b>		<b>#1</b> <b>#2</b>	
	PRESSURE DIFFERENTIAL ACROSS 1st CHECK VALVE (no flow)    A _____ Psi kPa								<input type="checkbox"/> LEAKED		<input type="checkbox"/> LEAKED		<input type="checkbox"/> FAILED TO OPEN		<input type="checkbox"/> LEAKED		<input type="checkbox"/> LEAKED <input type="checkbox"/>	
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater)    -B _____ Psi kPa								<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> OPENED		<input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> CLOSED <input type="checkbox"/>	
	BUFFER (3 psi or greater)    A - B = C    =C _____ Psi kPa								DIFF psi _____		DIFF psi _____				DIFF psi _____		<input type="checkbox"/> CLOSED <input type="checkbox"/>	
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 City of Lethbridge Bylaw 3999																		
SIGNATURE OF CERTIFIED TESTER						DATE YYYY    MM    DD		SIGNATURE OF OWNER / TENANT						DATE YYYY    MM    DD				
REMARKS/COMMENTS																		
FOR OFFICE USE ONLY				INSPECTOR'S SIGNATURE								DATE YYYY    MM    DD						