

# CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

INFRASTRUCTURE SERVICES  
304 Stafford Drive North Lethbridge, AB  
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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 <u>the City of Lethbridge</u> <b>Bylaw 3999</b>																
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								

T C I P P A T C L

R D I S C L C