



## CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

**TOWN OF COCHRANE**  
 101 Rancheouse Road  
 COCHRANE, ALBERTA T4C 2K8  
 403-851-2590  
 operations@cochrane.ca

ADDRESS OF DEVICE			OCCUPANT			CONTACT			TELEPHONE ( )					
OWNER			ADDRESS OF OWNER			POSTAL CODE			TELEPHONE ( )					
SERIAL NUMBER			MAKE			MODEL			SIZE		INSTALL DATE YYYY   MM   DD			
REPLACES SERIAL #			BUILDING			LOCATION OF ASSEMBLY (ie ROOM NUMBER)								
TYPE OF TEST <input type="checkbox"/> INTIAL <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 AWWA NUMBER			TESTER'S EQUIPMENT NUMBER			TESTER'S NAME			TELEPHONE ( )					
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE			EMAIL					
<b>T E S T</b>	<input type="checkbox"/> <b>AAG</b> (2 x Dia.)		<input type="checkbox"/> <b>RP/RPF ASSEMBLY</b>		<b>CHECK VALVE 1</b>		<b>CHECK VALVE 2</b>		<input type="checkbox"/> <b>DCVA, DCVAF, SCVAF</b>		<input type="checkbox"/> <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						<input type="checkbox"/> AIR INLET VALVE		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
	Outlet Dia. In _____ mm		PRESSURE DIFFERENTIAL ACROSS 1 <sup>st</sup> CHECK VALVE (no flow)      A _____ Psi kPa		_____ Psi kPa		_____ Psi kPa		_____ Psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
	AG Size In _____ mm		OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater)      - B _____ Psi kPa		_____ Psi kPa		_____ Psi kPa		_____ Psi kPa		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED		Pressure Drop _____ Psi kPa	
			BUFFER (3 psi or greater)      A – B = C      = C _____ Psi kPa		_____ Psi kPa		_____ Psi kPa		_____ Psi kPa		_____ Psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
		STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi										TEST DATE YYYY   MM   DD		
<b>If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results</b>														
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 <input type="checkbox"/> REPAIR KIT														
<b>R E T E S T</b>	<input type="checkbox"/> <b>AAG</b> (2 x Dia.)		<input type="checkbox"/> <b>RP/RPF ASSEMBLY</b>		<b>CHECK VALVE 1</b>		<b>CHECK VALVE 2</b>		<input type="checkbox"/> <b>DCVA, DCVAF, SCVAF</b>		<input type="checkbox"/> <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						<input type="checkbox"/> AIR INLET VALVE		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
	Outlet Dia. In _____ mm		PRESSURE DIFFERENTIAL ACROSS 1 <sup>st</sup> CHECK VALVE (no flow)      A _____ Psi kPa		_____ Psi kPa		_____ Psi kPa		_____ Psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
	AG Size In _____ mm		OPENED, OPENING POINT OF RELIEF VALVE (2 psi or greater)      - B _____ Psi kPa		_____ Psi kPa		_____ Psi kPa		_____ Psi kPa		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED		Pressure Drop _____ Psi kPa	
			BUFFER (3 psi or greater)      A – B = C      = C _____ Psi kPa		_____ Psi kPa		_____ Psi kPa		_____ Psi kPa		_____ Psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
		STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi										TEST DATE YYYY   MM   DD		
<b>I certify the above device has been tested in accordance with the Town of Cochrane Bylaw 04/2013 and Cross Connection Control Manual WC AWWA</b>														
SIGNATURE OF CERTIFIED TESTER				DATE YYYY   MM   DD		SIGNATURE OF OWNER/TENANT				DATE YYYY   MM   DD				
REMARK/COMMENTS														
FOR OFFICE USE ONLY		TESTING FREQUENCY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> TRI-ANNUAL			INSPECTORS SIGNATURE/COMMENTS						DATE YYYY   MM   DD			