



CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

TOWN OF COCHRANE
 101 Ranchehouse 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					
T E S T	<input type="checkbox"/> AAG (2 x Dia.)		<input type="checkbox"/> RP/RPF ASSEMBLY		CHECK VALVE 1		CHECK VALVE 2		<input type="checkbox"/> DCVA, DCVAF, SCVAF		<input type="checkbox"/> PVB/SRPVB ASSEMBLY		SHUT OFF VALVES	
	<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"/> CHECK VALVE	
	Outlet Dia. In _____ mm		PRESSURE DIFFERENTIAL ACROSS 1 st CHECK VALVE (no flow) A _____ Psi kPa		_____ Psi kPa		_____ Psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<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		Pressure Drop _____ Psi kPa		Pressure Drop _____ Psi kPa		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"/> FAILED TO OPEN <input type="checkbox"/> OPENED	
		STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi										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 <input type="checkbox"/> REPAIR KIT														
R E T E S T	<input type="checkbox"/> AAG (2 x Dia.)		<input type="checkbox"/> RP/RPF ASSEMBLY		CHECK VALVE 1		CHECK VALVE 2		<input type="checkbox"/> DCVA, DCVAF, SCVAF		<input type="checkbox"/> PVB/SRPVB ASSEMBLY		SHUT OFF VALVES	
	<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	
	Outlet Dia. In _____ mm		PRESSURE DIFFERENTIAL ACROSS 1 st CHECK VALVE (no flow) A _____ Psi kPa		_____ Psi kPa		_____ Psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<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		Pressure Drop _____ Psi kPa		Pressure Drop _____ Psi kPa		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"/> FAILED TO OPEN <input type="checkbox"/> OPENED	
		STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi										TEST DATE YYYY MM DD		
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														
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			