REGIONAL DISTRICT OF NANAIMO
WATER SERVICES

Cross Connection Control Test Report

Location of Device:		Contact:	Phone number:
Owner:	Owner Address:		Phone number:
Serial Number:	Make/Model:	Size:	Install Date
Replaces Serial Number:	Installed on: ☐Premises isolating device ☐Internal Device		Installed on: ☐Domestic ☐Fire ☐Irrigation ☐Other _____
Tester's Name:	Tester's AWWA Number:		Diff. Pressure Guage Serial Number:
Business Address:	Postal Code:	Phone Number:	Fax Number:

TEST										
	☐ AGG (2x dia)	☐ RP/RPF Assembly	Check Valve 1	Check Valve 2		☐ DCVA, DCVAF, SCVAF		☐ PVB/SRVAF Assembly		Shut off Valves 1 2
		☐ Relief valve failed to open	☐Leaked ☐Closed tight	☐Leaked ☐Closed tight		Check Valve 1	Check Valve 2	Air inlet Valve	Check Valve	
	Outlet dia. _____in AG Size _____in	Pressure diff across 1st check valve (no flow) ☐Opened, opening point of relief valve (≥2psi) Buffer (≥3 psi) A-B=C			A_____psi B_____psi C_____psi	☐ Leaked ☐Closed tight _____psi	☐ Leaked ☐Closed tight _____psi	☐ Failed to open ☐ Opened	☐ Leaked ☐ Closed tight _____psi	☐ Leaked ☐ ☐ Closed tight ☐
	Static inlet line pressure at time of test _____ psi				Test Result	☐ Passed	☐Failed	Test Date (YYYY/MM/DD):		

Comments:

REPAIRS	
	Check applicable valve(s) ☐ Relief Valve ☐ Check Valve # 1 ☐ Check Valve # 2 ☐Air Inlet Valve ☐Shut off Valve
	Check applicable repair ☐Cleaned; replaced ☐Disc ☐Spring ☐Diaphragm ☐Seat ☐Guide ☐O-rings ☐Poppet ☐Repair Kit

RETEST										
	☐ AGG (2x dia)	☐ RP/RPF Assembly	Check Valve 1	Check Valve 2		☐ DCVA, DCVAF, SCVAF		☐ PVB/SRVAF Assembly		Shut off Valves 1 2
		☐ Relief valve failed to open	☐Leaked ☐Closed tight	☐Leaked ☐Closed tight		Check Valve 1	Check Valve 2	Air inlet Valve	Check Valve	
	Outlet dia. _____in AG Size _____in	Pressure diff across 1st check valve (no flow) ☐Opened, opening point of relief valve (≥2psi) Buffer (≥3 psi) A-B=C			A_____psi B_____psi C_____psi	☐ Leaked ☐Closed tight _____psi	☐ Leaked ☐Closed tight _____psi	☐Failed to open ☐ Opened	☐ Leaked ☐Closed tight _____psi	☐ Leaked ☐ ☐ Closed tight ☐
	Static inlet line pressure at time of test _____ psi				Test Result	☐ Passed	☐Failed	Retest Date (YYYY/MM/DD):		

Tester's Signature:	Date (YYYY/MM/DD):