



TESTING AND INSPECTION REPORT

REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY DOUBLE CHECK VALVE ASSEMBLY AND PRESSURE VACUUM BREAKER

MAILING ADDRESS:
 City of Moose Jaw Engineering Department
 Cross Connection Control Coordinator
 228 Main St. N
 Moose Jaw, SK S6H 3J8

ADDRESS OF DEVICE			OCCUPANT			CONTACT			TELEPHONE NUMBER					
OWNER			ADDRESS OF OWNER			POSTAL CODE			TELEPHONE 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 (ie. ROOM NUMBER)								
TESTER'S AWWA NUMBER			TESTER'S EQUIPMENT NUMBER			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 RP <input type="checkbox"/> RPF <input type="checkbox"/> DCVA <input type="checkbox"/> DCVAF <input type="checkbox"/> SCVAF <input type="checkbox"/> PVB								
T E S T	RP / RPF ASSEMBLY		CHECK VALVE 2		CHECK VALVE 1		DCVA, DCVAF, SCVAF			PVB 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		CHECK VALVE 1		CHECK VALVE 2		AIR INLET VALVE		CHECK VALVE	
	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"/> 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	
	BUFFER (3 psi or greater) A - B = C =C _____ Psi kPa										<input type="checkbox"/> OPENED		<input type="checkbox"/> CLOSED TIGHT	
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi						TEST DATE		YYYY MM DD		TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				
R E P A I R	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													
R E T E S T	RP / RPF ASSEMBLY		CHECK VALVE 2		CHECK VALVE 1		DCVA, DCVAF, SCVAF			PVB 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		CHECK VALVE 1		CHECK VALVE 2		AIR INLET VALVE		CHECK VALVE	
	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"/> 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	
	BUFFER (3 psi or greater) A - B = C =C _____ Psi kPa										<input type="checkbox"/> OPENED		<input type="checkbox"/> CLOSED TIGHT	
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi						RETEST DATE		YYYY MM DD		RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED				
I certify the above device has been tested in accordance with _____ and Cross Connection Control Manual WC AWWA.														
SIGNATURE OF CERTIFIED TESTER				DATE YYYY MM DD		SIGNATURE OF OWNER / TENANT				DATE YYYY MM DD				
REMARKS/COMMENTS														
FOR OFFICE USE ONLY						TESTING FREQUENCY			INSPECTOR'S SIGNATURE			DATE YYYY MM DD		

DISTRIBUTION:
 WHITE - Cross Connection Control Officer
 CANARY - Certified Tester
 PINK - Occupant Or Owner

The personal information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, Section 32, and is used solely for the purpose of information to record test details and results.