

Cross Connection Control Accuracy Verification Report Back Flow Prevention Assembly Test Equipment

Test Equipment Information:			
Owner of Equipment:			
Primary Contact #:			
Email:			
Address:			
City:			
Province:		Postal Code:	
Type of Equipment:	<input type="checkbox"/> Differential Pressure Gauge <input type="checkbox"/> Duplex Gauge		
Gauge #:		Serial #:	
Make:		Model:	
Calibrated by:			
Company:			
Address:			
City:			
Province:		Postal Code:	

Name and AWWA Certification Number of Testers using this equipment:			
Tester Name:		AWWA #:	
Tester Name:		AWWA #:	
Tester Name:		AWWA #:	
Tester Name:		AWWA #:	

This section to be completed by Agency performing Verification:				
Gauge Increments		Major Graduations	Minor Graduations	
Differential Pressure Gauge		Selected Pressures		
	2 psi/13.8 kPa	7 psi/48.3 kPa	15 psi/103.4 kPa	Other
Duplex Gauge		Selected Pressures		
High Pressure Gauge	10% of Gauge	50% of Gauge	100% of Gauge	Other
Low Pressure Gauge	10% of Gauge	50% of Gauge	100% of Gauge	Other

Signature of Agent:	Date: (YYYY MM DD)

Please forward the completed Accuracy Verification Report by mail to:

Cross Connection Control Department (Building A)
Queen Elizabeth Court II
2476 Victoria Avenue
PO Box 1790
Regina, Sask S4P 3C8

Or by email (PDF format) to: crossconnection@regina.ca

If submitting via email, the form must be signed by hand and scanned (digital signatures are not accepted at the present time for licensing and renewals).

FOR OFFICE USE ONLY			
Classification:	Approved:	Issue Date: (YYYY MM DD)	Renewal Date: (YYYY MM DD)
	<input type="checkbox"/> Y <input type="checkbox"/> N		