



Citizen Services - Water, Waste, and Environmental Services

CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

MAILING ADDRESS:
 City of Regina
 Queen Elizabeth II Court
 2476 Victoria Avenue
 PO Box 1790
 REGINA SK S4P 3C8

ADDRESS OF ASSEMBLY			OCCUPANT			CONTACT			TELEPHONE NUMBER			
OWNER				ADDRESS OF OWNER				POSTAL CODE		TELEPHONE NUMBER		
ASSEMBLY SERIAL NUMBER		MAKE		MODEL		SIZE		INSTALL DATE YYYY MM DD		BUILDING		
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> PREMISE <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____						LOCATION OF ASSEMBLY (ie. ROOM NUMBER)						
TESTER'S AWWA NUMBER			TEST EQUIPMENT SERIAL NUMBER			TESTER'S NAME (PLEASE PRINT)			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 ASSEMBLY <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB			WATER METER SERIAL NUMBER			
TEST	RP		CHECK VALVE 2		CHECK VALVE 1		DCVA		PVB		SHUT OFF VALVES	
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT SPRING LOAD ____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		CHECK VALVE 1		CHECK VALVE 2		AIR INLET VALVE	
	PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (no flow)		A _____ Psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT SPRING LOAD ____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT SPRING LOAD ____		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2psi or greater) BUFFER (3 psi or greater) A - B = C		- B _____ Psi kPa		= C _____ Psi kPa						<input type="checkbox"/> LEAKED <input type="checkbox"/> <input type="checkbox"/> CLOSED <input type="checkbox"/>	
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi						TEST DATE		TEST RESULT		<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		
If the Assembly 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; REPAIRED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAM <input type="checkbox"/> SEAT <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> POPPET <input type="checkbox"/> REPAIR KIT												
RETEST	RP		CHECK VALVE 2		CHECK VALVE 1		DCVA		PVB		SHUT OFF VALVES	
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT SPRING LOAD ____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		CHECK VALVE 1		CHECK VALVE 2		AIR INLET VALVE	
	PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (no flow)		A _____ Psi kPa		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT SPRING LOAD ____		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT SPRING LOAD ____		<input type="checkbox"/> FAILED TO OPEN <input type="checkbox"/> OPENED		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
	<input type="checkbox"/> OPENED, OPENING POINT OF RELIEF VALVE (2psi or greater) BUFFER (3 psi or greater) A - B = C		- B _____ Psi kPa		= C _____ Psi kPa						<input type="checkbox"/> LEAKED <input type="checkbox"/> <input type="checkbox"/> CLOSED <input type="checkbox"/>	
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi						RETEST DATE		RETEST RESULT		<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		
REMARKS-COMMENTS												
I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY IN ACCORDANCE TO THE CITY OF REGINA BYLAW 8942 AND CSA B64.10 (CURRENT VERSION)						SIGNATURE OF CERTIFIED TESTER			DATE			
FOR OFFICE USE ONLY												