

TESTING AND INSPECTION REPORT CROSS CONNECTION CONTROL

Please email to: cross.connection@saskatoon.ca
OR City of Saskatoon

OR City of Saskatoon Saskatoon Water

1101 Spadina Crescent West Saskatoon, SK S7M 1P3

**	Is a required field. If required fields are left blank, form will be returned. Saskatoo												oon, SK S	7M 1P3		
**A	DDRESS LOCATION:					CUPANT:				**PARTY CONTAC		**PHONE:				
**(OWNER/EMAIL:					ESS OF OWNER:				**POSTAL CODE:			**PHONE:			
L						*MODEL NO.: **SERIAL NO.:					**SIZ	_	***********	D.1.T.C		
								*MODEL NO.: **SERI			NO.:		E:	**INSTALL DATE: YYYY MM		DD
□ RP □ DCVA □ PVB																
**L	OCATION OF ASSEMBLY:			**WATER ME	TER SERIAL NO		**INSTALLED ON WHAT SYSTEM:									
						☐ DOMESTIC ☐ FIRE ☐ IRR				IGATION U OTHER						
**TESTER'S AWWA NO.: **TESTER'S EQUIPMENT				ENT NO · *	NT NO.: **NAME OF CERTIFIED TES			STER: **BUSINESS NA			ME.			**PHONE:		
TESTER'S AWWA NO TESTER'S EQUIPM			LIVI NO	VIII ILD ILO	D ILGILIA.			BOSINESS NAME.				THONE.				
**BUSINESS ADDRESS:							**POSTAL CODE: **TYPE OF TES			T (PLEASE CHECK ONE): ANNUAL REPAIR REPLACES SERIA						
							U INITIAL L				ANNUAL REPA	EPLACES	SERIAL NO	D.:		
		CHE			ECK VALVE 2 CHECK VAL		DCVA, DCVAF									
	RP / RPF ASSEM	☐ LEAKED☐ CLOSED TIGHT		☐ CLOSED TIGHT		F				PVB ASSEMBLY			SHUT OFF VAVLES			
										AID IN ET W			VALVE #1			
T	RELIEF VALVE FAILED TO OPEN READING READ					DING		CHECK VALVE 1		IECK VALVE 2	AIR INLET VALV			T IFA		KED
T E S T	PRESSURE DIFFERENTIAL ACROSS 1ST CHECK VALVE (NO FLOW): A Psi kPa							☐ LEAKED		LEAKED	☐ FAILED TO OP	OPEN)		
T	OPENED, OPENING POINT OF RELIEF VALVE 2 PSI OR GREATER) - B Psi kPa							☐ CLOSED TIGHT		CLOSED TIGHT	□ OPENED □		☐ CLOSED TIGHT		☐ CLOSED	
	BUFFER (3 PSI OF GREATER) A – B = C = C PSI kPa						READING R								#2 LEAKED	
									REAL	DING	READING		READING		CLOSED	
	** TEST							YYYY MM DD **						CEGGED		
	**STATIC INLET LINE PR	EST		** TEST RESULT						ED						
R				If the device f	ails the initial to	est for any re	eason, comp	lete the sec	tions b	pelow, noting the	repairs and retest re	sults.				
R E P A	CHECK APPLICABLE VALVE(S) ☐ RELIEF VALVE ☐ CHECK VALVE #1							CHECK VAI	. 🗆	AIR INLET VALVE SHUT OFF VALVE						
I R	CHECK APPLICABLE PERAIR DESCRIPTION DESCRIPTION DE LA COMPANION DE LA COMPANIO							☐ DIAPHR	☐ SEAT	☐ GUIDE ☐ O-RINGS ☐ PO				PPET REPAIR KIT		
-	CHECK VALVE 2 CHECK VA						VE 1									
	RP / RPF ASSEM	☐ LEA	☐ LEAKED		☐ LEAKED		DCVA, DCVAF			PVB ASSEMBLY			SHUT OFF VAVLES			
	KI / KI I ACCEMBEI			OSED TIGHT	☐ CLOSE	ED TIGHT	-			'	1 12 /1002.111521			5.15.1 5.11 1.11 2.25		
R			_D HOH	OUEOK VALVE 4			IECK VALVE 2	(VALVE 0 AIR IN ET VALVE			CHECK VALVE					
E	RELIEF VALVE FAILE	READING		CHECK VALVE 1				_	_			#1 LEAKED				
R E T E S T	PRESSURE DIFFERENTIAL ACROSS 1 ST CHECK VALVE (NO FLOW): A Psi kPa						L LEAKE	D	LJ ∟	.EAKED	☐ FAILED TO OPEN		☐ LEAKED		CLOSED	
	OPENED, OPENING POINT OF RELIEF VALVE (2 PSI OR GREATER) - B Psi kPa						CLOSED TIGHT		☐ CLOSED TIGHT		☐ OPENED ☐ CLOSE		D TIGHT	IGHT CLOSED		
T	DIFFED (2 DOLOF ODEATED) A D = C														#2 LEAKED	
	BOTTER (OT OF OF CREAT	= C _		Psi kPa	READING		READING		READING		READING		CLOSED			
	ATATIO MUST LINE PRESCUES AT TIME OF TEXT							MM		DD					_ 010015	
	STATIC INLET LINE PRESSURE AT TIME OF TEST Psi DATE:						YYYY MM DD				RETEST RESULT PAS			SSED		
RE	MARKS - COMMENTS:															
	ERTIFY THAT I HAVE TESTED		SSEMBLY IN	ACCORDANCE	TO THE CITY OF	SASKATOON	BYLAW 7567	AND ** SIG	GNATL	JRE OF CERTIFIE	D TESTER		1	DATE ** YYYY	**	**
CR	OSS CONNECTION MANUAL V	WC AWWA									- ·			YYYY	MM **	DD

Distribution: COPY 1 – Cross Connection Office

COPY 2 - Certified Tester

 $\hbox{COPY 3-Occupant or Owner, this copy shall be retained on-site and available to the City of Saskatoon upon request}\\$

The information collected on this report is not to be used for any other purpose than to provide information for which it was intended. For further information please see https://www.saskatoon.ca/

t city-hall/send-comments-concerns-city/freedom-information.