

TESTING AND INSPECTION REPORT

CROSS CONNECTION CONTROL

Please email to: **cross.connection@saskatoon.ca**
OR
City of Saskatoon
Saskatoon Water
1101 Spadina Crescent West
Saskatoon, SK S7M 1P3

ADDRESS LOCATION:				OCCUPANT:				PARTY CONTACTED:				PHONE:			
OWNER/EMAIL:				ADDRESS OF OWNER:				POSTAL CODE:				PHONE:			
TYPE OF ASSEMBLY: <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB				MAKE OF ASSEMBLY:				MODEL NO.:				SERIAL NO.:			
LOCATION OF ASSEMBLY:				WATER METER SERIAL NO.:				INSTALLED ON WHAT SYSTEM: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____				SIZE: _____			
TESTER'S AWWA NO.:		TESTER'S EQUIPMENT NO.:		NAME OF CERTIFIED TESTER:				BUSINESS NAME:				PHONE:			
BUSINESS ADDRESS:								POSTAL CODE:		TYPE OF TEST (PLEASE CHECK ONE): <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACES SERIAL NO.: _____					

T E S T	RP / RPF ASSEMBLY	CHECK VALVE 2	CHECK VALVE 1	DCVA, DCVAF		PVB ASSEMBLY		SHUT OFF VAVLES
	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED						
	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT						
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN	READING	READING	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1
	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"/> 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	<input type="checkbox"/> CLOSED	
BUFFER 3 PSI OF GREATER A - B = C = C _____ Psi kPa			READING	READING	READING	READING	#2	
							<input type="checkbox"/> LEAKED	
							<input type="checkbox"/> CLOSED	

STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa				TEST DATE: _____ YYYY MM DD		TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
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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"/> DIAPHRAM <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		PVB ASSEMBLY		SHUT OFF VAVLES
	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED						
	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT						
	<input type="checkbox"/> RELIEF VALVE FAILED TO OPEN	READING	READING	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE	#1
	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"/> 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	<input type="checkbox"/> CLOSED	
BUFFER (3 PSI OF GREATER) A - B = C = C _____ Psi kPa			READING	READING	READING	READING	#2	
							<input type="checkbox"/> LEAKED	
							<input type="checkbox"/> CLOSED	

STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa				RETEST DATE: _____ YYYY MM DD		RETEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
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REMARKS – COMMENTS:

I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY IN ACCORDANCE TO THE CITY OF SASKATOON BYLAW 7567 AND CROSS CONNECTION MANUAL WC AWWA

SIGNATURE OF CERTIFIED TESTER _____

DATE
YYYY

MM

DD