

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

** Is a required field. If required fields are left blank, form will be returned.

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|---------------------------------------|--|---------------------------------------|---|--|---|---|--|---------------------------------|--|--|--------------------------------|--|----------------------------------|--|---------------------------------|--|-------------------------------------|
| **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.: | | **SIZE: | | **INSTALL DATE: YYYY MM DD | | | | | | | | |
| **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 _____ | | | | | | | | | | | | | | |
| **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"/> LEAKED | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> CLOSED TIGHT | | <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 | | | | | | | |
| | PRESSURE DIFFERENTIAL ACROSS 1 ST 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 | | #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED | | | | | | | |
| <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 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 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"/> 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"/> LEAKED | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> CLOSED TIGHT | | <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 | | | | | | | |
| | PRESSURE DIFFERENTIAL ACROSS 1 ST 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 | | #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED | | | | | | | |
| <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 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 Psi | | RETEST DATE: YYYY MM DD | | 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 SASKATOON BYLAW 7567 AND CROSS CONNECTION MANUAL WC AWWA | | | | | | | ** SIGNATURE OF CERTIFIED TESTER | | | | | DATE YYYY ** | MM ** | DD ** | | | | | | |

Distribution: COPY 1 – Cross Connection Office
COPY 2 – Certified Tester
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/city-hall/send-comments-concerns-city/freedom-information>.