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 (705)748-9300

CROSS CONNECTION CONTROL PROGRAM TEST REPORT

To be completed clearly and submitted to the PUC within 14 days of the test. Forms missing any information will be returned as unacceptable.

Address of Device		Occupant		Contact		Telephone Number				
Owner		Address of Owner		Postal Code		Telephone Number				
Serial Number		Make	Model	Size	Install Date (yyyy/mm/dd)	Device Tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No Tag #				
Installed on What System? <input type="checkbox"/> Premise <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Zone			Location of Assembly (ie. Room Number)							
Tester Name and Certification Number			Make of Test Kit	Model Number	Serial Number	Date of Last Calibration				
Business Name		Business Address			Postal Code	Telephone				
Type of Test <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Repair <input type="checkbox"/> Replaces Serial # _____			Type of Device <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB <input type="checkbox"/> RPF <input type="checkbox"/> DCVAF <input type="checkbox"/> SCVAF							
TEST	RP/RPF Assembly		Check Valve 2	Check Valve 1	DCVA, DCVAF, SCVAF		PVB/SRPVB ASSEMBLY	Shut Off Valves		
	<input type="checkbox"/> Relief Valve Failed to Open		<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Check Valve 1	Check Valve 2	Air Inlet Valve	Check Valve	#1	#2
					<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed
	Pressure Differential Across 1st Check Valve (no flow) <u>A</u> _____ psi/kPa				Pressure drop _____ psi Across check _____ kPa	Pressure drop _____ psi Across check _____ kPa	Opened at _____ psi	Pressure drop _____ psi Across check _____ kPa		
	Opened, Opening Point of Relief Valve (2 psi or greater) <u>B</u> _____ psi/kPa		Buffer (3 psi or greater) A - B = C = <u>C</u> _____ psi/kPa							
Static inlet line pressure at time of test _____ psi/kPa				Test Result <input type="checkbox"/> Passed <input type="checkbox"/> Failed		Test Date (yyyy/mm/dd)				
If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.										
REPAIR	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"/> Diaphragm	<input type="checkbox"/> Seat	<input type="checkbox"/> Guide	<input type="checkbox"/> O-Rings	<input type="checkbox"/> Poppet	<input type="checkbox"/> Repair Kit
RETEST	RP/RPF Assembly		Check Valve 2	Check Valve 1	DCVA, DCVAF, SCVAF		PVB/SRPVB ASSEMBLY	Shut Off Valves		
	<input type="checkbox"/> Relief Valve Failed to Open		<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Check Valve 1	Check Valve 2	Air Inlet Valve	Check Valve	#1	#2
					<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Failed to Open <input type="checkbox"/> Opened	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed
	Pressure Differential Across 1st Check Valve (no flow) <u>A</u> _____ psi/kPa				Pressure drop _____ psi Across check _____ kPa	Pressure drop _____ psi Across check _____ kPa	Opened at _____ psi	Pressure drop _____ psi Across check _____ kPa		
	Opened, Opening Point of Relief Valve (2 psi or greater) <u>B</u> _____ psi/kPa		Buffer (3 psi or greater) A - B = C = <u>C</u> _____ psi/kPa							
Static inlet line pressure at time of test _____ psi/kPa				Retest Result <input type="checkbox"/> Passed <input type="checkbox"/> Failed		Retest Date (yyyy/mm/dd)				
I certify the above device has been tested in accordance with Peterborough Utilities Commission Practice and CSA B64.10-01										
Signature of Certified Tester			Date (yyyy/mm/dd)		Signature of Owner/Tenant			Date (yyyy/mm/dd)		
Remarks/Comments										
FOR OFFICE USE ONLY	Testing Frequency	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Bi-Annual	<input type="checkbox"/> Tri-Annual	Inspector's Signature		Date (yyyy/mm/dd)		