UTILITIES PETERBOROUGH COMMISSION
WATER
RIVERVIEW PARK AND ZOO

Cross Connection Control Program Test Report

To be completed clearly and submitted to the local Municipality 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? ☐ yes ☐ no Tag#

Installed on What System? ☐ Premise ☐ Fire ☐ Irrigation ☐ Zone	Location of Assembly(ie. Room Number)	Orientation of Device ☐ Vertical ☐ Horizontal

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 ☐ Initial ☐ Annual ☐ Repair ☐ Replaces Serial #_____

Type of Device ☐ RP ☐ DCVA ☐ PVB ☐ SRPVB ☐ RFP ☐ DCVAF ☐ SCVAF

TEST

RP/RFP Assembly	Check Valve 2	Check Valve 1	DCVA, DCVAF, SCVAF		PVB, SRPVB ASSEMBLY		Shut off vValves	
☐ Relief Valve Failed to Open	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight	Check Valve 1	Check Valve 2	Air Inlet Valve	Check Valve	#1	#2
			☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight	☐ Failed to Open ☐ Opened	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed	☐ ☐
Pressure Differential Across 1st Check Valve (no flow) A_____psi/kPa								
Opened,Opening Point of Relief Valve (2 psi or greater) -B_____psi/kP			Pressure Drop_____psi	Pressure Drop_____psi	Opened at_____psi	Pressure Drop_____psi		
Buffer (3 psi or greater) A-B=C =C_____			Across check Kpa	Across check Kpa		Across check Kpa		
Static Inlet Line Pressure at Time of Test _____psi/kPa			**Test Result** ☐ Passed ☐ Failed		Test Date(yyyy/mm/dd)			

REPAIR

If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.

Check Applicable Valves(s) ☐ Relief Valve ☐ Check Valve #1 ☐ Check Valve #2 ☐ Air Inlet Valve ☐ Shut Off Valve

Check Applicable Repair ☐ Cleaned;Replaced ☐ Disc ☐ Spring ☐ Diaphragr ☐ Seat ☐ Guide ☐ O-Ring ☐ Poppet ☐ Repair Kit

RETEST

RP/RPF Assembly	Check Valve 2	Check Valve 1	DCVA, DCVAF, SCVAF		PVB, SRPVB ASSEMBLY		Shut off Valves	
☐ Relief Valve Failed to Open	☐ Leaked ☐ Closed Tigh	☐ Leaked ☐ Closed Tight	Check Valve 1	Check Valve 2	Air Inlet Valve	Check Valve	#1	#2
			☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight	☐ Failed to Open ☐ Opened	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed	☐ ☐
Pressure Differential Across 1st Check Valve (no flow) A_____psi/kPa								
Opened,Opening Point of Relief Valve (2 psi or greater) -B_____psi/kP			Pressure Drop_____psi	Pressure Drop_____psi	Opened at_____psi	Pressure Drop_____psi		
Buffer (3 psi or greater) A-B=C =C_____			Across check Kpa	Across check Kpa		Across check Kpa		
Static Inlet Line Pressure at Time of Test _____psi/kPa			**ReTest Result** ☐ Passed ☐ Failed		Test Date(yyyy/mm/dd)			

I certify the above device has been tested in accordance with Peterborough Utilities and Local Municipal Practice and CSA B64 .10-17

Signature of Certified Tester	Date(yyyy/mm/dd)	Signature of Owner/Tenant	Date (yyyy/mm/dd)

Remarks/Comments

For Office Use Only	Testing Frequency	☐ Semi-Annual ☐ Annual ☐ Bi-Annual ☐ Tri-Annual	Signature of Inspector	Date (yyyy/mm/dd)