



SHUSWAP INDIAN BAND DEVELOPMENT AND BUILDING DEPARTMENT

CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

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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	BUILDING				
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER _____							LOCATION OF ASSEMBLY (IE. ROOM NUMBER)						
TESTER'S AWWA NUMBER			TESTER'S EQUIPMENT NUMBER			TESTER'S NAME			TELEPHONE NUMBER				
BUSINESS NAME			BUSINESS ADDRESS				POSTAL CODE		FAX NUMBER				
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						
T E S T	RP / RPS 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
	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"/> LEAKED	<input type="checkbox"/> LEAKED
	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 TIGHT	<input type="checkbox"/> CLOSED	<input type="checkbox"/> CLOSED
	BUFFER (3 psi or greater)			A - B = C		=C _____ Psi kPa							
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi					TEST RESULT <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			TEST DATE		YYYY	MM	DD	
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"/> DIAPHRAGM	<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 / RPS 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
	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"/> LEAKED	<input type="checkbox"/> LEAKED
	OPENED, OPENING POINT OF RELIEF VALVE (2psi 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 TIGHT	<input type="checkbox"/> CLOSED	<input type="checkbox"/> CLOSED
	BUFFER (3psi or greater)			A - B = C		=C _____ Psi kPa							
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ kPa Psi					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 the Shuswap Indian Band Cross Connection Control specifications.													
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			