



# 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						
<b>T E S T</b>	<b>RP / RPS ASSEMBLY</b>		<b>CHECK VALVE 2</b>		<b>CHECK VALVE 1</b>		<b>DCVA, DCVAF, SCVAF</b>			<b>PVB / SRPVB ASSEMBLY</b>		<b>SHUT OFF VALVES</b>	
	<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		<b>CHECK VALVE 1</b>	<b>CHECK VALVE 2</b>		<b>AIR INLET VALVE</b>	<b>CHECK VALVE</b>	<b>#1</b>	<b>#2</b>
	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					<b>TEST RESULT</b> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			<b>TEST DATE</b>		YYYY	MM	DD	
<b>R E P A I R</b>	<b>If the device fails the initial test for any reason, complete the sections below, noting the repairs and retest results.</b>												
	<b>CHECK APPLICABLE VALVE(S)</b>			<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		
	<b>CHECK APPLICABLE REPAIR</b>			<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	
<b>R E T E S T</b>	<b>RP / RPS ASSEMBLY</b>		<b>CHECK VALVE 2</b>		<b>CHECK VALVE 1</b>		<b>DCVA, DCVAF, SCVAF</b>			<b>PVB / SRPVB ASSEMBLY</b>		<b>SHUT OFF VALVES</b>	
	<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		<b>CHECK VALVE 1</b>	<b>CHECK VALVE 2</b>		<b>AIR INLET VALVE</b>	<b>CHECK VALVE</b>	<b>#1</b>	<b>#2</b>
	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					<b>RETEST RESULT</b> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			<b>RETEST DATE</b>		YYYY	MM	DD	
<b>I certify the above device has been tested in accordance with the Shuswap Indian Band Cross Connection Control specifications.</b>													
SIGNATURE OF CERTIFIED TESTER				DATE YYYY MM DD		SIGNATURE OF OWNER / TENANT				DATE YYYY MM DD			
REMARKS/COMMENTS													
<b>FOR OFFICE USE ONLY</b>		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			