



CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

97 Hurontario Street
Collingwood ON, L9Y 2L8
705-445-1030 x 3321
ecorser@collingwood.ca

This form must be legible, printed and completed in blue or black ink.
Please note all information including signatures, must be completed prior to submission.

Premises Information

Premises Address:	Occupant / Business:
Premises Owner:	Phone:
Premises Owners Mailing Address:	Unit Number:
City:	Province:
Postal Code:	Postal Code:
Owners Email Address:	Mail Contact:
Signature of Owner or Authorised Signatory:	Date:

Qualified Contractor Information

Qualified Contractor Performing Test:	Phone:
Qualified Contractor Company Name:	Email:
OWWA Certification #:	Test Kit Make and Model#:
Test Kit Serial #:	Test Kit Calibration Date:

Device Information

Type of Test: Install ☐ Annual ☐ Repair ☐	Type of Device: RP (F) ☐ DCVA (F) ☐ (SR) PVB ☐
Device Make:	Model:
Serial #:	Size:
Premise Isolation ☐ Zone ☐ Individual ☐	Domestic ☐ Fire ☐ Irrigation ☐ Other ☐
Town of Collingwood Test Tag Affixed : Yes ☐ No ☐	Device Orientation: Horizontal ☐ Vertical Up ☐ Vertical Down ☐
Device Location:	Replacing Device Serial #:
Building Permits are required for all new installations	Building Permit #:

Test Results RP (F)

Pressure Drop Across 1st Check Valve	A	_____psi
Pressure Drop Across 2nd Check Valve		_____psi
Relief Valve Opened At (2psi or greater)	B	_____psi
Buffer (3 psi or greater) A-B=C	= C	_____psi
Static Line Pressure At Time Of Test		_____psi
Check Valve #1 Leaked ☐ Closed Tight ☐		
Check Valve #2 Leaked ☐ Closed Tight ☐		
Test Result Passed ☐ Failed ☐		
Approved Air Gap Yes ☐ No ☐		

Test Results, After Repair RP (F)

Pressure Drop Across 1st Check Valve	A	_____psi
Pressure Drop Across 2nd Check Valve		_____psi
Relief Valve Opened At (2psi or greater)	B	_____psi
Buffer (3 psi or greater) A-B=C	= C	_____psi
Static Line Pressure At Time Of Test		_____psi
Check Valve #1 Leaked ☐ Closed Tight ☐		
Check Valve #2 Leaked ☐ Closed Tight ☐		
Test Result Passed ☐ Failed ☐		
Approved Air Gap Yes ☐ No ☐		

DCVA (F)

Check Valve #1 Leaked ☐ Closed Tight ☐	
Pressure Drop Across 1st Check Valve:	_____psi
Check Valve #2 Leaked ☐ Closed Tight ☐	
Pressure Drop Across 2nd Check Valve:	_____psi
Static Line Pressure At Time Of Test:	_____psi
Test Result: Passed ☐ Failed ☐	

Test Results, After Repair DCVA (F)

Check Valve #1 Leaked ☐ Closed Tight ☐	
Pressure Drop Across 1st Check Valve:	_____psi
Check Valve #2 Leaked ☐ Closed Tight ☐	
Pressure Drop Across 2nd Check Valve:	_____psi
Static Line Pressure At Time Of Test:	_____psi
Re-test Result: Passed ☐ Failed ☐	

(SR) PVB

Air Inlet Valve: Opened at _____psi	Failed to Open ☐
Check Valve: Leaked ☐ Closed Tight ☐	
Pressure Drop Across Check Valve:	_____psi
Static Line Pressure At Time Of Test:	_____psi
Test Result: Passed ☐ Failed ☐	

Test Results, After Repair (SR) PVB

Air Inlet Valve: Opened at _____Psi	Failed to Open ☐
Check Valve: Leaked ☐ Closed Tight ☐	
Pressure Drop Across Check Valve:	_____psi
Static Line Pressure At Time Of Test:	_____psi
Retest Result: Passed ☐ Failed ☐	

Comments, please note repairs:

Date of Test:	Date of Retest:
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I certify that I have tested the above backflow prevention device in accordance with the Town Of Collingwood Backflow Prevention By-law; as amended, and CSA B64 Standards.

Signature of Qualified Contractor:	Date:
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