CROSS CONNECTION CONTROL
TESTING AND INSPECTION REPORT

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Collingwood ON, L9Y 2L8
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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 (list all):			Phone:
Premises Owners Mailing Address:			Mail Contact:
City:	Province:	Postal Code:	Unit Number:
Owners Email Address:			
Signature of Owner or Authorized 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

Device Make:	Model:	Serial #:	Size:
Premise Isolation ☐ Zone ☐ Individual ☐		Domestic ☐ Fire ☐ Irrigation ☐ Other ☐ Temporary Device ☐	
Type of Device: RP (F) ☐ DCVA (F) ☐ (SR) PVB ☐		Device Orientation: Horizontal ☐ Vertical Up ☐ Vertical Down ☐	

Device Information Test Results

Type of Test: Install ☐ Annual ☐ Repair ☐

Town of Collingwood Test Tag Affixed : Yes ☐ No ☐

Device Location:

Building Permits are required for all new installations

Replacing Device Serial #:	
Building Permit #:	

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 (3psi 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 ☐

CSA Approved Air Gap Yes ☐ No ☐

(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 ☐

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 ☐

Comments, please note repairs:

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 of Test: