



CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

43 Stewart Road
Collingwood ON L9Y4M7
(705) 445-1581 ext 3321
Forser@collingwood.ca

This form must be legible, printed and completed in blue or black ink. Please note all information must be completed prior to submission. Owners information and email address will be used for mail purposes and invoicing of fees.

Forms must be submitted to the Town of Collingwood within 14 days of completion. Required Date of Submission:
Forms submitted after the required date of submission will not be accepted.

Building Address:		Occupant:	
Owner:		Phone:	
Owners Mailing Address:		Postal Code:	
Owners Email Address:		Mail Contact:	
Certified Contractor Performing Test:		Phone:	
Certified Contractor/ Company Name:		Email:	
OWWA Certification #:		Test Kit Make and Model#:	
Test Kit Serial #:		Test Kit Calibration Date:	
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		
Device Location:		Replacing Device Serial #:	
Building Permits are required for all new installations		Building Permit #	

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

DCVA (F)				Test Results, After Repair DCVA (F)			
Check Valve #1	Leaked	Closed Tight		Check Valve #1	Leaked	Closed Tight	
Pressure Drop Across 1st Check Valve:		_____ Psi		Pressure Drop Across 1st Check Valve:		_____ Psi	
Check Valve #2	Leaked	Closed Tight		Check Valve #2	Leaked	Closed Tight	
Pressure Drop Across 2nd Check Valve:		_____ Psi		Pressure Drop Across 2nd Check Valve:		_____ Psi	
Static Line Pressure At Time Of Test:		_____ Psi		Static Line Pressure At Time Of Test:		_____ Psi	
Test Result:	Passed	Failed		Re-test Result:	Passed	Failed	

(SR) PVB				Test Results, After Repair (SR) PVB			
Air Inlet Valve: Opened at _____ Psi	Failed to Open			Air Inlet Valve: Opened at _____ Psi	Failed to Open		
Check Valve:	Leaked	Closed Tight		Check Valve:	Leaked	Closed Tight	
Pressure Drop Across Check Valve:		_____ Psi		Pressure Drop Across Check Valve:		_____ Psi	
Static Line Pressure At Time Of Test:		_____ Psi		Static Line Pressure At Time Of Test:		_____ Psi	
Test Result:	Passed	Failed		Retest Result:	Passed	Failed	

Comments, please note repairs:

Date of Test _____ **Date of Retest** _____

I certify the above device has been tested in accordance the Town Of Collingwood Bylaw No.2017-056

Signature of Certified Tester: _____ Date: _____

Signature of Owner/Tenant: _____ Date: _____