



CROSS CONNECTION CONTROL TESTING AND INSPECTION REPORT

43 Stewart Road
Collingwood ON L9Y4M7
(705) 445-1581 ext 3321
Eorser@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	Retest 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: _____