

**PREMISE AND ASSEMBLY INFORMATION**

Name of Premise: \_\_\_\_\_ Address: \_\_\_\_\_  
 Type of Premise: \_\_\_\_\_ Location of Assembly: \_\_\_\_\_  
 Assembly Details: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Serial No. \_\_\_\_\_ Size: \_\_\_\_\_  
 Assembly Type: \_\_\_\_\_ Orientation:  H  V

**TEST DATA**  Annual  New  Replacement - (Serial # of replaced device: \_\_\_\_\_)

Line Pressure at Time of Test: \_\_\_\_\_ PSI: \_\_\_\_\_ Test Equipment:  Diff  Dup  S.T.

| Apparent PSID: _____      | Reduced Pressure Assemblies   |   |  |  | Pressure Vacuum Breaker  |  |
|---------------------------|---|---|--|--|--|--|
|                           | Double Check Assemblies   |   | Relief Valve (B)   | Buffer (A-B = C) (C)   | Air Inlet  | Check Valve  |
| 1 <sup>st</sup> Check (A) | 2 <sup>nd</sup> Check   | Opened at _____ Psid  |  |  | _____ Psid   | Opened at _____ Psid   |
| <b>Initial Test</b>       | <input type="checkbox"/> Closed Tight<br>_____<br><input type="checkbox"/> Leaked | <input type="checkbox"/> Closed Tight<br>_____<br><input type="checkbox"/> Leaked | Opened at _____ Psid<br><input type="checkbox"/> Passed<br><input type="checkbox"/> Failed | _____ Psid<br><input type="checkbox"/> Passed<br><input type="checkbox"/> Failed | <input type="checkbox"/> Opened Fully<br><input type="checkbox"/> Did not Open | <input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked |
| <b>Test After Repair</b>  | <input type="checkbox"/> Closed Tight<br>_____<br><input type="checkbox"/> Leaked | <input type="checkbox"/> Closed Tight<br>_____<br><input type="checkbox"/> Leaked | Opened at _____ Psid<br><input type="checkbox"/> Passed<br><input type="checkbox"/> Failed | _____ Psid<br><input type="checkbox"/> Passed<br><input type="checkbox"/> Failed | <input type="checkbox"/> Opened Fully<br><input type="checkbox"/> Did not Open | <input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked |

**Air Gap Inspection: Required minimum air gap separation provided:**  Yes  No **Purveyor:** \_\_\_\_\_

**CERTIFICATION**

Initial Test Date: (yy/mm/dd) \_\_\_\_\_ Testing Company: \_\_\_\_\_  
 Repair Test Date: (yy/mm/dd) \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Water Service Restored:  Yes  No Name of Tester: (print) \_\_\_\_\_  
 Test Equipment Calibration Date: \_\_\_\_\_

**Comments:**

I certify that I have tested the above assembly and that it meets the performance requirements outlined in the AWWA Canadian Cross Connection Control Manual and/or the Canadian Standards Association – CAN.CSA B64.10.

\_\_\_\_\_  
Signature of Tester Certification Number