

# Cross Connection Control Devices Test Report

44771 Loudoun Water Way Ashburn, VA 20147

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Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Location of Device: \_\_\_\_\_

Protection for: \_\_\_\_\_

 Type of Device – RP  DC  PVB  SVB  Size: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Line Pressure at Time of Test \_\_\_\_\_ PSI Pressure Drop Across First Check Valve \_\_\_\_\_ PSI

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
<b>Initial Test</b>	1. _____ Leaked 2. _____ Closed Tight	1. _____ Leaked 2. _____ Closed Tight	Opened at _____ lbs. Reduced Pressure  _____ Did Not Open	Air Inlet Opened at _____ PSI  _____ Did Not Open
<b>REPAIRS</b>	_____ Cleaned <b>Replaced:</b> _____ Valves _____ C.V. Assembly _____ Seat Disc _____ O-rings _____ Springs _____ Gaskets _____ Retainer _____ Stem/Guide _____ Poppet _____ Other, Describe	_____ Cleaned <b>Replaced:</b> _____ Valves _____ C.V. Assembly _____ Seat Disc _____ O-rings _____ Springs _____ Gaskets _____ Retainer _____ Stem/Guide _____ Poppet _____ Other, Describe	_____ Cleaned <b>Replaced:</b> _____ R.U. Replaced _____ Disc. Upper _____ Disc. Lower <b>Diaphragm, Large:</b> _____ Upper _____ Lower <b>Diaphragm, Small:</b> _____ Upper _____ Lower _____ Spacer _____ O-rings _____ Washer _____ Other, Describe	<b>Check Valve</b> _____ Closed tight _____ Did Not Close <hr/> _____ Cleaned <b>Replaced:</b> _____ Valves _____ Disc. (Top) _____ Disc. (Bottom) _____ Springs _____ Retainer _____ Stem _____ Guide _____ Poppet _____ Other, Describe
<b>Final Test</b>	_____ Closed Tight	_____ Closed Tight	Opened at _____ lbs. Reduced Pressure	_____ Satisfactory

NOTE: All repairs/replacements shall be completed within ten (10) days.

REMARKS: \_\_\_\_\_

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.

Certified Testing Company: \_\_\_\_\_ Business Tel #: \_\_\_\_\_

Initial Test By: \_\_\_\_\_ Certified Tester No. \_\_\_\_\_ Date: \_\_\_\_\_

Repaired By: \_\_\_\_\_ Certified Tester No. \_\_\_\_\_ Date: \_\_\_\_\_

Final Test By: \_\_\_\_\_ Certified Tester No. \_\_\_\_\_ Date: \_\_\_\_\_