

Cross Connection Control Devices Test Report

44865 Loudoun Water Way Ashburn, VA 20147

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Residential
 Commercial or Multi Family Complex

Owner: _____
 Street Address: _____

Location of Device: _____

Protection for: _____

Type of Device – RP DC PVB SVB Serial Number: _____

Manufacturer: _____ Model Number: _____ Size: _____

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
Initial Test	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
R E P A I R S	_____ Cleaned Replaced: _____ Valves _____ C.V. Assembly _____ Seat Disc _____ O-rings _____ Springs _____ Gaskets _____ Retainer _____ Stem/Guide _____ Poppet _____ Other, Describe	_____ Cleaned Replaced: _____ Valves _____ C.V. Assembly _____ Seat Disc _____ O-rings _____ Springs _____ Gaskets _____ Retainer _____ Stem/Guide _____ Poppet _____ Other, Describe	_____ Cleaned Replaced: _____ R.V. Replaced _____ Disc. Upper _____ Disc. Lower Diaphragm, Large: _____ Upper _____ Lower Diaphragm, Small: _____ Upper _____ Lower _____ Spacer _____ O-rings _____ Washer _____ Other, Describe	Check Valve _____ Closed tight _____ Did Not Close _____ Cleaned Replaced: _____ Valves _____ Disc. (Top) _____ Disc. (Bottom) _____ Springs _____ Retainer _____ Stem _____ Guide _____ Poppet _____ Other, Describe
	Final Test	_____ Closed Tight	_____ Closed Tight	Opened at _____ lbs. Reduced Pressure

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: _____

Test Kit Used: Serial Number _____ Last Calibration Date _____

Repaired By: _____ Certified Tester No. _____ Date: _____

Final Test By: _____ Certified Tester No. _____ Date: _____

Test Kit Used: Serial Number _____ Last Calibration Date _____