



Cross Connection Control Test Report

E 1059 (R2021-03)

Mailing Address: The City of Calgary
 Water Services #435
 PO Box 2100 Stn. M
 Calgary AB T2P 2M5
 EMAIL: crossconnection@calgary.ca

Building Address			Occupant		
Site Contact			Site Contact Email Address		Phone Number
Property Owner/Management Company			Email Address		
Address of Property Owner/Management Company				Postal Code	Phone Number
Serial Number	Make	Model	Size	Install Date (YYYY-MM-DD)	
Replaces Serial #	Building	Location of Assembly (ie. Room Number)			
Type of Test <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Repair		Type of Protection <input type="checkbox"/> Premise-Isolating Device <input type="checkbox"/> Internal Device		Installed on What System <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other _____	
Tester's AWWA Number		Tester's equipment serial number		Tester's Name	
				Phone number	
Business Name		Business Address		Postal Code	Email

T E S T	<input type="checkbox"/> AAG (2 x Dia.)	<input type="checkbox"/> RP / RPF ASSEMBLY <input type="checkbox"/> Relief Valve Failed to Open	CHECK VALVE 2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	CHECK VALVE 1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	<input type="checkbox"/> DCVA, DCVAF, SCVAF	<input type="checkbox"/> PVB / SRPVB ASSEMBLY		SHUT OFF VALVES #1 #2			
	CHECK VALVE 1	CHECK VALVE 2	AIR INLET VALVE	CHECK VALVE							
	Outlet Dia. _____ in _____ mm	Pressure differential across 1st Check Valve (no flow) A _____ Psi kPa <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	- B _____ Psi kPa <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	Pressure Drop _____ Psi kPa <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	Pressure Drop _____ Psi kPa <input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	<input type="checkbox"/> Failed to open <input type="checkbox"/> Opened	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure Drop _____ Psi kPa	<input type="checkbox"/> Leaked <input type="checkbox"/>		<input type="checkbox"/> Closed <input type="checkbox"/>	
	AG Size _____ in _____ mm	BUFFER (3 psi or greater) A - B = C	= C _____ Psi kPa	Static Inlet Line Pressure at Time of Test _____ kPa _____ Psi		TEST RESULT <input type="checkbox"/> Passed <input type="checkbox"/> Failed		TEST DATE (YYYY-MM-DD)			

I certify the above device has been tested in accordance with The City of Calgary Water Services Bylaw 40M2006, and Cross Connection Control Manual WC AWWA.

Signature of Certified Tester	Date (YYYY-MM-DD)	<input type="checkbox"/> Assembly Removed	Date (YYYY-MM-DD)
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Remarks/Comments

ISC: Unrestricted

ONCE COMPLETED, SAVE with Address of Device in file name for your records and forward to: 1) crossconnection@calgary.ca 2) owner 3) occupant

The personal information collected herein is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* of Alberta and is used solely for the purpose of recording cross connection control test details and results. Should you have any questions or concerns regarding the collection and use of personal information please contact Cross Connection Control Supervisor at crossconnection@calgary.ca or 403-268-5064 for Cross Connection Inquiries or by mail at Water Services #435, PO Box 2100 Stn M, Calgary AB T2P 2M5.