



Cross Connection Control Devices Test Report
 221 S. Nursery Avenue
 Purcellville, VA 20132
 Tel: 540.338.7421 Fax: 540.338.6205

Address of Device: _____

Business Name: _____

Owner/Manager: _____ Contact Person: _____

Mailing Address: _____

Telephone: _____ Email Address: _____

Type of Device: RP DCDG PVB

Manufacturer: _____ Serial Number: _____

Model Number: _____ Size: _____

Location of Device: _____

Line Pressure at Time of Test: _____ psi

REDUCED PRESSURE ASSEMBLY	REQUIREMENTS	INITIAL TEST	REPAIRS	FINAL TEST
Relief valve opening point	Must open at ≥ 2.0 psid	Opened at _____ psid	<input type="checkbox"/> cleaned <input type="checkbox"/> replaced _____ _____	Opened at _____ psid
Relief valve activated before determining opening point?		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
Check valve #1	Closed tight? Pressure drop	<input type="checkbox"/> yes <input type="checkbox"/> no _____ psid		<input type="checkbox"/> yes <input type="checkbox"/> no _____ psid
Shutoff valve #2	Tight?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
Check valve #2	Closed tight against backpressure? Disc compressed? Pressure drop	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no _____ psid		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no _____ psid
Buffer	Check valve #1 pressure drop ≥ 3.0 psid above relief valve opening point	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no

DOUBLE GATE – DOUBLE CHECK VALVE ASSEMBLY	REQUIREMENTS	INITIAL TEST	REPAIRS	FINAL TEST
Shutoff valve #1	Tight?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
Shutoff valve #2	Tight?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
Check valve #1	Pressure drop ≥ 1.0 psid?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
Check valve #2	Pressure drop ≥ 1.0 psid?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no

PRESSURE VACUUM BREAKER	REQUIREMENTS	INITIAL TEST	REPAIRS	FINAL TEST
Air inlet valve opening point	Open at ≥ 1.0 psid	Opened at _____psi		Opened at _____psi
Shutoff valve #1	Tight?	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
Check valve closing point	Closed at ≥ 1.0 psid	<input type="checkbox"/> yes <input type="checkbox"/> no _____psid		<input type="checkbox"/> yes <input type="checkbox"/> no _____psid

REMARKS: _____

I hereby certify that this data is accurate and that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

INITIAL TEST	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Test by (signature) _____ Print Name _____ Plumbing Company _____ Telephone Number _____
REPAIR	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Test by (signature) _____ Print Name _____ Plumbing Company _____ Telephone Number _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Test by (signature) _____ Print Name _____ Plumbing Company _____ Telephone Number _____

Mail completed original test form to: Premise Owner

Mail copy of completed test form to: Town of Purcellville

FOR TOWN USE ONLY: Logged by: _____ Date: _____
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