



# Cross Connection Control/Backflow Device Test Form

Used for Testing: Annual Existing/New/Repair/Removal/Re-location

Business Name: \_\_\_\_\_  
 Address of Device: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Type: \_\_\_\_\_ Serial no: \_\_\_\_\_ Hazard: \_\_\_\_\_

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

Existing  New  Repair  Removal  Reason: \_\_\_\_\_  
 Premise  Fire  Irrigation  Other: \_\_\_\_\_

RP/ RPBA Initial Test				Test after repair			
(C.) Check #1	(B.) Check #2	(A.) Relief Valve	(D.) Buffer	(C.) Check #1	(B.) Check #2	(A.) Relief Valve	(D.) Buffer
<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Opened	Air Gap Yes No	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	<input type="checkbox"/> Opened	Air Gap Yes No
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open		<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	

DCVA Initial Test				Test after repair			
(A.) Check #1		(B.) Check #2		(A.) Check #1		(B.) Check #2	
<input type="checkbox"/> Closed	<input type="checkbox"/> Leaked	<input type="checkbox"/> Closed	<input type="checkbox"/> Leaked	<input type="checkbox"/> Closed	<input type="checkbox"/> Leaked	<input type="checkbox"/> Closed	<input type="checkbox"/> Leaked

Initial Test Date (YY/MM/DD): \_\_\_\_\_ Repair Test Date (YY/MM/DD): \_\_\_\_\_  
 Tester Name: \_\_\_\_\_  
 Tester Certification Number: \_\_\_\_\_ Test Kit/Gage Serial Number: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Company number: \_\_\_\_\_

Line Pressure: \_\_\_\_\_ Water service restored?  Yes  No

PASS  FAIL I certify that to the best of my knowledge the information I have entered onto this form is complete and accurate. I further certify that I have tested the above device in accord with BCWWA, CSA B64.10 and local testing procedures as well as provincial/local standards.

Testers Signature: \_\_\_\_\_ Date (YY/MM/DD): \_\_\_\_\_