



Cross Connection Control Devices Test Report

Town of Woodstock
135 N. Main Street
Woodstock, VA 22664
Tel: 540-459-3045

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	__ cleaned __ replaced	Opened at _____ psid
Relief valve activated before determining opening point?		__ yes __ No		__ yes __ No
Check valve #1	Closed tight? Pressure drop	__ yes __ no _____ psid		__ Yes __ No _____ psid
Shutoff valve #2	Tight?	__ yes __ No		__ Yes __ No
Check valve #2	Closed tight against backpressure? Disc compressed? Pressure drop	__ Yes __ No __ Yes __ No _____ psid		__ Yes __ No __ Yes __ No _____ psid
Buffer	Check valve #1 pressure drop ≥ 3.0 psid above relief valve opening point	__ Yes __ No		__ Yes __ No

DOUBLE GATE-DOUBLE CHECK VALVE ASSEMBLY	REQUIREMENTS	INITIAL TEST	REPAIRS	FINAL TEST
Shutoff valve #1	Tight?	__ yes __ No		__ yes __ No
Shutoff valve #2	Tight?	__ yes __ No		__ yes __ No
Check valve #1	Pressure drop ≥ 1.0 psid?	__ yes __ No		__ yes __ No
Check valve #2	Pressure drop ≥ 1.0 psid?	__ yes __ No		__ yes __ No

PRESSURE VACUUM BREAKER	REQUIREMENTS	INITIAL TEST	REPAIRS	FINAL TEST
Air inlet valve opening point	Open at ≥ 1.0 psid	Opened at _____ psid		Opened at _____ psid
Shutoff valve #1	Tight?	__ yes __ No		__ yes __ No
Check valve closing point	Closed at ≥ 1.0 psid	__ yes __ No _____ psid		__ yes __ No _____ psid

REMARKS: _____

Certification: I have made the above test and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

Testers Name

Print Signature Date

License# _____ Expiration date _____

Phone# _____

Testing Company _____

Phone # _____

Company Address _____

Mail completed **original test form** to: Premise Owner

Mail **copy** of completed **test form** to: Town of Woodstock

FOR TOWN USE ONLY:

Logged by: _____

Date: _____

