

Cross Connection Assembly Test and Maintenance Report



1199 Bayfield Parkway • PO Box 80 • Bayfield CO 81122
TOWN HALL 970.884.9544 • FAX 970.884.2195

Assembly Serial No _____
Property Address _____
Test Date/Time _____
Tester Certification No _____
Assembly Test Results <input type="checkbox"/> PASS <input type="checkbox"/> FAIL

PROPERTY	Water Supplier <u>TOWN OF BAYFIELD</u> Meter # _____ District _____
	Facility Name/Owner _____ Phone _____
	Mailing Address _____ City _____ St _____ Zip _____

DEVICE	Make _____ Model _____ Size _____ Date Installed _____		
	Type <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> Air-Gap		
	Location on Property _____		
	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement Previous Assembly Serial _____	Use <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Irrigation <input type="checkbox"/> Recycle <input type="checkbox"/> Process	Protection <input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation

TESTING		Initial Test Results		Repairs/Comments	Re-Test Results	
		Tightness	Differential		Tightness	Differential
	Check Valve 1 (RP, DC, PVB)	Leak Tight			Leak Tight	
	Check Valve 2 (RP, DC)	Leak Tight			Leak Tight	
	Relief Valve (RP)					
	Buffer (RP)					
	Air Inlet (PVB)					
	Backpressure	Yes No				
	Shutoff Valve 1	Leak Tight				
	Shutoff Valve 2	Leak Tight				

Test Procedure ABPA _____ ASSE _____

Comments _____

Alarm Company/Fire Department Notified _____
Contact Person _____ Contacted by _____
Turn Off Date, Time _____ Turn On Date, Time _____

Test Kit Make _____ Model _____
Serial No _____ Last Calibration Date _____
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pretest orientation
Testing Company _____
Tester Name _____ Phone _____
Signature _____ Certificate Expiration Date _____

Submit completed report to Bayfield Town Hall, kcathcart@bayfieldgov.org