



Cross Connection Control Device Testing and Certification Report

C3 License # _____

Contractor: _____ Date of Test: _____ Phone: _____
 Address: _____ Address of Device: _____
 City: _____ Location of Device: _____

Main Device		
<p>Initial Test</p> <p>1st Check Valve</p> <p><input type="checkbox"/> Closed Tight</p> <p><input type="checkbox"/> Leaked</p> <p>Static _____ PSID</p>	<p>2nd Check Valve</p> <p><input type="checkbox"/> Closed Tight</p> <p><input type="checkbox"/> Leaked</p> <p>Static _____ PSID</p>	<p>Relief Valve</p> <p><input type="checkbox"/> Did not open</p> <p><input type="checkbox"/> Leaking</p> <p>Opened at _____ PSID</p>

Detector Bypass Device		
<p>Initial Test</p> <p>1st Check Valve</p> <p><input type="checkbox"/> Closed Tight</p> <p><input type="checkbox"/> Leaked</p> <p>Static _____ PSID</p>	<p>2nd Check Valve</p> <p><input type="checkbox"/> Closed Tight</p> <p><input type="checkbox"/> Leaked</p> <p>Static _____ PSID</p>	<p>Relief Valve</p> <p><input type="checkbox"/> Did not open</p> <p><input type="checkbox"/> Leaking</p> <p>Opened at _____ PSID</p>

Water Pressure: _____ By-Pass Meter Reading: _____ Test Kit Used: _____ Calibration Date: _____

Size	Make	Model	Serial Number	Protecting	RPDA	RPZ
					DCDA	DC
					Direction of flow test	

Comments:

PASS

FAIL

CCCD Licensed Inspector Information

Name (print): _____ CCCDI License # : _____

Signature: _____ IL Plmb License # : _____

Send copy of report to: bsionline.com (Backflow Solutions, Inc.)