

### Cross Connection Control Device Performance Test

Control Device Permit No: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Owner's Name		Owner's Street Address	
Owner's City		Owner's State, Zip Code	
Project Name		Project's Street Address	
City, State, Zip Code		Project's County	
Assembly Location			
Manufacturer	Model	Serial #	

Size \_\_\_\_\_ Assembly Type: \_\_\_\_\_ RP \_\_\_\_\_ RP Detector \_\_\_\_\_ DCV \_\_\_\_\_ DCV Detector \_\_\_\_\_ PVB

**INITIAL TEST**

1<sup>st</sup> Check

\_\_\_\_\_ Closed tight  
 \_\_\_\_\_ Leaked  
 Static \_\_\_\_\_ PSID

2<sup>nd</sup> Check

\_\_\_\_\_ Closed tight  
 \_\_\_\_\_ Leaked  
 Static \_\_\_\_\_ PSID

RP relief valve

Opened at \_\_\_\_\_ PSID  
 \_\_\_\_\_ Did not open

**FINAL TEST**

\_\_\_\_\_ Closed tight  
 \_\_\_\_\_ Leaked  
 Static \_\_\_\_\_ PSID

\_\_\_\_\_ Closed tight  
 \_\_\_\_\_ Leaked  
 Static \_\_\_\_\_ PSID

Opened at \_\_\_\_\_ PSID  
 \_\_\_\_\_ Did not open

**DETECTOR BYPASS ASSEMBLY INITIAL TEST**

1<sup>st</sup> Check

\_\_\_\_\_ Closed tight  
 \_\_\_\_\_ Leaked  
 Static \_\_\_\_\_ PSID

2<sup>nd</sup> Check

\_\_\_\_\_ Closed tight  
 \_\_\_\_\_ Leaked  
 Static \_\_\_\_\_ PSID

RP relief valve

Opened at \_\_\_\_\_ PSID  
 \_\_\_\_\_ Did not open

**DETECTOR BYPASS ASSEMBLY FINAL TEST**

\_\_\_\_\_ Closed tight  
 Static \_\_\_\_\_ PSID

\_\_\_\_\_ Closed tight  
 Static \_\_\_\_\_ PSID

Opened at \_\_\_\_\_ PSID

**PRESSURE VACUUM BREAKER INITIAL TEST**

Air inlet valve

Opened at \_\_\_\_\_ PSID  
 \_\_\_\_\_ Did not open

Check valve

\_\_\_\_\_ Closed tight  
 \_\_\_\_\_ Leaked  
 Static \_\_\_\_\_ PSID

**PRESSURE VACUUM BREAKER FINAL TEST**

Air inlet valve

Opened at \_\_\_\_\_ PSID

Check valve

\_\_\_\_\_ Closed tight  
 Static \_\_\_\_\_ PSID

**BACKFLOW ASSEMBLIES IN FIRE PROTECTION SYSTEMS**

Note: Include hose stream demand where applicable

Forward flow test

Designed flow rate \_\_\_\_\_ GPM

Actual flow rate \_\_\_\_\_ GPM

No. of nozzles flowed \_\_\_\_\_

Nozzle size \_\_\_\_\_

Pitot pressure \_\_\_\_\_ PSID

Inlet flow pressure \_\_\_\_\_ PSI

Outlet flow pressure \_\_\_\_\_ PSI

Control Valves

\_\_\_\_\_ No. one shut-off valve open \_\_\_\_\_ No. two shut-off valve open | Valve supervision: \_\_\_\_\_ Tamper switch \_\_\_\_\_ Locked

I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.

Certified Tester Name \_\_\_\_\_ (Print) Cert. Tester No. \_\_\_\_\_

Cert. Tester Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date \_\_\_\_\_