

Control Device Permit No: _____

Cross Connection Control Device Performance Test

Attachment Bulletin 99-2

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

1st Check

_____ Closed tight
_____ Leaked
Static _____ PSID

2nd 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

1st Check

_____ Closed tight
_____ Leaked
Static _____ PSID

2nd 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 _____