



## Cross Connection Control Performance Test

**NOTE: Registrations for all assemblies (except those located in health care facilities) along with all test reports can be done online for reduced fees at <https://esla.wi.gov/verifylicense>**

**Regulated Object Number:** \_\_\_\_\_

Personal information you provide may be used for secondary purposes [Privacy Law, s.1504 (1)(m)].

**Owner Information**

Owner Name			Street Address		
City	State	Zip Code	Owner's Contact Person		Telephone Number

**Facility Information**

Facility Name			Street Address		
City		Zip Code	County		
Assembly Location			Assembly is Serving		
Manufacturer			Model		Serial Number
Size _____	Assembly Type	<input type="checkbox"/> RP	<input type="checkbox"/> RP Detector	<input type="checkbox"/> PVB	<input type="checkbox"/> SRVB

**Water Supply Source: Check One**  **Municipal Water System**  **Other than municipal, non-community or private water system. See NR 811 and 812 for definitions.**

**Initial Test**

<u>RP relief valve</u> Opened at _____ PSID <input type="checkbox"/> Did not open	<u>1<sup>ST</sup> check</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID	<u>2<sup>ND</sup> check</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID
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**FINAL TEST**

Opened at _____ PSID	<input type="checkbox"/> Closed tight Static _____ PSID	<input type="checkbox"/> Closed tight Static _____ PSID
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**DETECTOR BYPASS ASSEMBLY INITIAL TEST**

<u>RP relief valve</u> Opened at _____ PSID <input type="checkbox"/> Did not open	<u>1<sup>ST</sup> check</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID	<u>2<sup>ND</sup> check</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID
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**DETECTOR BYPASS ASSEMBLY FINAL TEST**

Opened at _____ PSID	<input type="checkbox"/> Closed tight Static _____ PSID	<input type="checkbox"/> Closed tight Static _____ PSID
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**PVB/SRVB INITIAL TEST**

<u>Air inlet valve</u> Opened at _____ PSID <input type="checkbox"/> Did not open	<u>Check valve</u> <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked Static _____ PSID
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**PVB/SRVB FINAL TEST**

<u>Air inlet valve</u> Opened at _____ PSID	<u>Check Valve</u> <input type="checkbox"/> Closed tight Static _____ PSID
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**Assemblies in Fire Protection Systems**

Note: Include hose stream demand where applicable

Forward Flow Test  
 Designed flow rate \_\_\_\_\_ GPM Actual flow rate \_\_\_\_\_ GPM

Indicating Control Valves  
 No. one control valve open  No. two control valves open Valve supervision:  Tamper switch  Locked

Part (s) Replaced/Comments \_\_\_\_\_

**Make Checks Payable to DSPS**

**Attach Check Here**

**Total Amount Due \$30 Per Assembly**

**I Hereby Certify the Test Results Are True and the Test Was Conducted by Me Personally.**

Tester Name (print) \_\_\_\_\_ Registration No. \_\_\_\_\_ Time of Day \_\_\_\_\_

Tester Signature \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_

## **Owner Information**

The backflow preventer is a mechanical device designed to protect the potable water supply system from being contaminated. There is a physical connection to equipment or water of either unknown or questionable quality, thereby requiring the installation of the backflow preventer. In order to ensure that this device is working as designed, it must be periodically tested.

**A test shall be conducted on each backflow preventer prior to it being put into service, after any repairs, and a minimum of once a year thereafter.**

It is the responsibility of the owner to make sure the device is tested. The test shall be performed by a department registered Cross Connection Control Device tester.

**Owner's Contact Person:** The owner's contact person is the name of the person responsible for the backflow preventer maintenance and records. **(Note: Please provide full name.)**

## **Old Assembly Replacement Information**

If this test is for a replacement valve, please include all information for the replacement valve on this form. The manufacturer, model no., serial no., size, and the assembly type of the "old" valve must be included on the comment line of this form. The replacement assembly will be given a new regulated object number.

## **Minimum Requirements for Passing Test**

### **RP and RP Detector**

- The first check must close tight, and a minimum static PSID of 5 is required.
- The second check must close tight and have a minimum static 1 PSID.
- The relief valve must open at a minimum static 2 PSID.
- The relief valve must not be leaking upon completion of test.

### **Pressure Vacuum Breaker/SVB**

- The air inlet valve must open at a minimum static 1 PSID.
- The check valve must close tight and have a minimum static 1 PSID.