YEARLY TEST FEE: $58.00

Attachment
Bulletin 99-2

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

1st Check	2nd Check	RP relief valve
_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did not open
Static _____ PSID	Static _____ PSID	

FINAL TEST

_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did not open
Static _____ PSID	Static _____ PSID	

DETECTOR BYPASS ASSEMBLY INITIAL TEST

1st Check	2nd Check	RP relief valve
_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did not open
Static _____ PSID	Static _____ PSID	

DETECTOR BYPASS ASSEMBLY FINAL TEST

_____ Closed tight	_____ Closed tight	Opened at _____ PSID
Static _____ PSID	Static _____ PSID	

PRESSURE VACUUM BREAKER INITIAL TEST

Air inlet valve	Check valve
Opened at _____ PSID	_____ Closed tight
_____ Did not open	_____ Leaked
	Static _____ PSID

PRESSURE VACUUM BREAKER FINAL TEST

Air inlet valve	Check valve
Opened at _____ PSID	_____ 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 _____

YEARLY TEST FEE: $58.00