



CITY OF GREENSBORO METER SERVICES DIVISION

TEST B MAINTENANCE REPORT CROSS CONNECTION CONTROL DEVICES

NAME OF PREMISE: _____

STREET ADDRESS: _____

LOCATION OF DEVICE: _____

TYPE OF DEVICE: RP ☐ DC ☐ PVB ☐ SIZE: _____

MANUFACTURER: _____ MODEL NUMBER: _____

SERIAL NUMBER: _____ METER NUMBER: _____

LINE PRESSURE AT TIME OF TEST _____ PSI PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSID

TIME OF DAY: _____ BUFFER: _____ PRESSURE DROP ACROSS SECOND CHECK VALVE _____ PSID

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED <input type="checkbox"/>	1. LEAKED <input type="checkbox"/>	OPENED AT _____ LBS REDUCED PRESSURE	AIR INLET OPENED AT _____ PS
	2. CLOSED TIGHT <input type="checkbox"/>	2. CLOSED TIGHT <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
R	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
E	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
P	VALVES <input type="checkbox"/>	VALVES <input type="checkbox"/>	VALVES <input type="checkbox"/>	VALVES <input type="checkbox"/>
A	C.V. ASSEMBLY <input type="checkbox"/>	C.V. ASSEMBLY <input type="checkbox"/>	C.V. ASSEMBLY <input type="checkbox"/>	C.V. ASSEMBLY <input type="checkbox"/>
I	SEAT DISC <input type="checkbox"/>	SEAT DISC <input type="checkbox"/>	SEAT DISC <input type="checkbox"/>	SEAT DISC <input type="checkbox"/>
R	O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>
S	SPRINGS <input type="checkbox"/>	SPRINGS <input type="checkbox"/>	SPRINGS <input type="checkbox"/>	SPRINGS <input type="checkbox"/>
	GASKETS <input type="checkbox"/>	GASKETS <input type="checkbox"/>	GASKETS <input type="checkbox"/>	GASKETS <input type="checkbox"/>
	RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>
	STEM/GUIDE <input type="checkbox"/>	STEM/GUIDE <input type="checkbox"/>	STEM/GUIDE <input type="checkbox"/>	STEM/GUIDE <input type="checkbox"/>
	POPPET <input type="checkbox"/>	POPPET <input type="checkbox"/>	POPPET <input type="checkbox"/>	POPPET <input type="checkbox"/>
	OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>
FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>
#1 SHUT OFF: LEAKED <input type="checkbox"/> HELD TIGHT <input type="checkbox"/>			#2 SHUT OFF: LEAKED <input type="checkbox"/> HELD TIGHT <input type="checkbox"/>	

ASSEMBLY: PASSED ☐ FAILED ☐

NOTE: ALL REPAIRS / REPLACEMENTS SHALL BE COMPLETED WITHIN TEN (10) DAYS.

REMARKS: _____

SERVICE TYPE: DOMESTIC ☐ IRRIGATION ☐ FIRE SPRINKLER ☐

TEST KIT: DIFFERENTIAL ☐ SERIAL #: _____

I HEREBY CERTIFY THAT THIS INFORMATION IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT

CERTIFIED TESTING COMPANY: _____

INITIAL TEST BY: _____ CERTIFIED TESTER #: _____ DATE: _____

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER #: _____