

TOWN OF MADISON PUBLIC WORKS DEPARTMENT

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 First Check Valve: _____ PSID

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	Opened at _____ lbs Reduced Pressure Did Not Open <input type="checkbox"/>	Air Inlet Opened at _____ PS Did Not Open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Valves <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Seat Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Springs <input type="checkbox"/> Gaskets <input type="checkbox"/> Retainer <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Poppet <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Valves <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Seat Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Springs <input type="checkbox"/> Gaskets <input type="checkbox"/> Retainer <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Poppet <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Valves <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Seat Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Springs <input type="checkbox"/> Gaskets <input type="checkbox"/> Retainer <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Poppet <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Valves <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Seat Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Springs <input type="checkbox"/> Gaskets <input type="checkbox"/> Retainer <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Poppet <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 #: _____