



## CROSS CONNECTION CONTROL PROGRAM DEVICE TEST REPORT

**Business Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

The cross-connection control assembly device detailed below has been tested and maintained as required by the city of Manitou springs, and is certified to comply with these regulations.

Existing \_\_\_\_\_ New Installation \_\_\_\_\_ Replacement For # \_\_\_\_\_

Serial Number \_\_\_\_\_ Make Of Device \_\_\_\_\_ Model Number \_\_\_\_\_ Size \_\_\_\_\_

Location Of Device On Property \_\_\_\_\_

Installation Type: Domestic \_\_\_\_\_ Fire \_\_\_\_\_ Irrigation \_\_\_\_\_ Isolation \_\_\_\_\_

Pressure Vacuum Breaker \_\_\_\_\_ Reduced Pressure \_\_\_\_\_ Double Check \_\_\_\_\_

**Line pressure**

Initial Test		Repairs	Re-Test	
No.1 Tight [ ]	Psid		No.1 Tight [ ]	Psid
No.2 Tight [ ]	Psid		No.2 Tight [ ]	Psid
Relief Valve	Psid		Relief Valve	Psid
Buffer	Psid		Buffer	Psid
Air Inlet	Psid		Air Inlet	Psid
Shut Off Valve #2 Tight [ ]				

Passed ( ) failed ( ) if failed, who was notified? \_\_\_\_\_

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The technician certifies this assembly has been tested in accordance with ASSE procedures: \_\_\_\_\_

Test Gauge: \_\_\_\_\_ Gauge Re-Cert Expiration Date: \_\_\_\_\_

Tester Name: \_\_\_\_\_ Certification No: \_\_\_\_\_ Expires: \_\_\_\_\_

Testing Company \_\_\_\_\_

Tester Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Owner/  
 Agent: \_\_\_\_\_ Test Date \_\_\_\_\_

Please send completed forms to Jeannie Muth & Russ Mills at [jmuth@manitouspringsco.gov](mailto:jmuth@manitouspringsco.gov) and [rmills@manitouspringsco.gov](mailto:rmills@manitouspringsco.gov)  
 Copies to: Manitou Springs Treatment Plant \_\_\_ | Customer \_\_\_ | Tester \_\_\_