

JERSEY CITY CROSS CONNECTION CONTROL DEVICE PERFORMANCE TEST

Control Device Permit No. _____ Date of Test _____

Owner Information

Owner Name _____ Street Address _____
City _____ State, Zip Code _____

Project Information

Project Name _____ Street Address _____

FIRE MAIN LINE

Size ____ Assembly Type: ____RP ____RP Detector ____DCV ____DCV Detector ____Other

Initial Test

<u>1st Check</u>	<u>2nd Check</u>	<u>RP relief valve</u>
____ 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
Static ____ _PSID	Static ____ _PSID	

FIRE BYPASS LINE

Size ____ Assembly Type: ____RP ____DCV ____Other

Initial Test

<u>1st Check</u>	<u>2nd Check</u>	<u>RP relief valve</u>
____ 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
Static ____ _PSID	Static ____ _PSID	

DOMESTIC LINE (if device installed)

Size ____ Assembly Type: ____RP ____DCV ____Other

Initial Test

<u>1st Check</u>	<u>2nd Check</u>	<u>RP relief valve</u>
____ 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
Static ____ _PSID	Static ____ _PSID	

I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.

Certified Tester Name _____
Tester Signature _____
Address _____

Cert. Tester No. _____
Expiration Date _____
Telephone No. _____

Date _____