



**CROSS CONNECTION CONTROL
ACCURACY VERIFICATION REPORT**

HALIFAX WATER

450 Cowie Hill Road, PO Box 8388, RPO CSC
Halifax, Nova Scotia, B3K 5M1
Phone: (902) 490-6918
Fax: (902) 490-1584
Email: EngineeringApprovals@HalifaxWater.ca

FORM DM7

Applicant Information

Date: _____
Name: _____
Phone Number: (____) _____
Company Name: _____
Address: _____
City: _____
Email: _____
Fax Number: (____) _____
Postal Code: _____

Testers

Name: _____ Certification Number: _____
Name: _____ Certification Number: _____
Name: _____ Certification Number: _____
Name: _____ Certification Number: _____

Differential Pressure Gauge

Make: _____ Model: _____ Serial Number: _____

Completed by Testing Agency

1 psi/6.9 kPa	3 psi/13.8 kPa	7 psi/48.3 kPa	15 psi/103.4 kPa	Other

Gauge Increments: Major Graduations: _____ Minor Graduations: _____

Control Test Valves (Check Tightness): A _____ B _____ C _____

Company Name: _____
Address: _____
City: _____ Postal Code: _____
Calibrate By: _____
Signature: _____
Date: _____