



**CROSS CONNECTION CONTROL  
ACCURACY VERIFICATION REPORT**

450 Cowie Hill Road, PO Box 8388, RPO CSC  
Halifax, Nova Scotia, B3K 5M1  
Email: EngineeringApprovals@HalifaxWater.ca

**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: \_\_\_\_\_