

**CROSS CONNECTION CONTROL  
ACCURACY VERIFICATION REPORT**

**Applicant Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ 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: \_\_\_\_\_