

**Western Canada Section American Water Works Association
Cross Connection Control
SCHOOL ACCREDITATION ANNUAL REPORT**

NAME OF SCHOOL: _____

ADDRESS: _____

Accredited Colleges are required to confirm equipment in their lab facilities and confirm the name and certification number of the instructors on an annual basis and return within 30 days

1. NON TESTABLE DEVICES	#REPORTED	CONFIRMED	ADDITIONS
Dual Check With Atmosphere	_____	_____	_____
Dual Check with Intermediate Vent	_____	_____	_____
Hose Connection vacuum Breaker	_____	_____	_____
Laboratory Faucet Vacuum breaker	_____	_____	_____
Atmospheric Vacuum Breaker	_____	_____	_____
Dual Check	_____	_____	_____
2. CUT-A-WAYS			
Reduced Pressure Principle Device	_____	_____	_____
Double Check Valve Assembly	_____	_____	_____
Pressure Vacuum Breaker	_____	_____	_____
3. FLANGE UNITS	_____	_____	_____
4. TESTABLE DEVICES			
Reduced Pressure Principle Device	_____	_____	_____
Double Check Valve Assembly	_____	_____	_____
Pressure Vacuum Breaker	_____	_____	_____
5. TEST KITS			
Differential Pressure Gauge	_____	_____	_____
Site Tubes	_____	_____	_____
6. CERTIFIED INSTRUCTORS			
Name: _____		Certification # _____	
Name: _____		Certification # _____	
Name: _____		Certification # _____	

REPORT COMPLETED BY: _____
Signature
Please print name

DATE: _____ **MAX NUMBER OF STUDENTS PER CLASS:** _____

DATE OF LAST COURSE: _____