

For Office Use Only:
 Received: _____



CROSS CONNECTION INSPECTION REPORT

FACILITY: _____ **DATE:** _____

ADDRESS: _____

CITY: ANTIGO, WI. 54409

OWNER / CONTACT : _____ **PHONE:** _____

Facility Type: _____
 (Manufacturing, Restaurant, Medical, Hospital, Salon, Office, Retail, Gas Station, Carwash, Grocery, Bakery, etc.)

Inspector's recommended Frequency: 2 years (High Hazard) 10 Years (Low Hazard)

(Please Print)

INSPECTION COMPANY: _____

ADDRESS: _____

CITY: _____ **PHONE:** _____ **E-Mail:** _____

INSPECTOR: _____ **Credential No.** _____

| CONTAINMENT | | Number of inlets | Number Requiring Protection |
|--------------------------|--|--------------------------|-----------------------------|
| Potable Supply | | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Supply | | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Sources (well) | | <input type="checkbox"/> | <input type="checkbox"/> |

| ISOLATION HAZARDS | | Y/N | Quantity | Quantity Properly Protected |
|-----------------------------|--|--------------------------|--------------------------|-----------------------------|
| 1. Lawn Sprinkler(s) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Boiler(s) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cooling Tower(s) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Heat Exchanger(s) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Water Cooled A/C | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Water Supplied Equipment | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Plumbing Fixture(s) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Other: _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|----------------|--|
| REMARKS | |
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|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
| | | | | | | | | | Office Use Only |
| ID# | Quantity Total | Quantity Passed | Quantity Failed | Device Type | Assembly Type | Manufacturer | Model | ASSE | |
| 1 | | | | | | | | | |
| Location: | | | | | | | | | |

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|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
| | | | | | | | | | Office Use Only |
| ID# | Quantity Total | Quantity Passed | Quantity Failed | Device Type | Assembly Type | Manufacturer | Model | ASSE | |
| 2 | | | | | | | | | |
| Location: | | | | | | | | | |

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|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
| | | | | | | | | | Office Use Only |
| ID# | Quantity Total | Quantity Passed | Quantity Failed | Device Type | Assembly Type | Manufacturer | Model | ASSE | |
| 3 | | | | | | | | | |
| Location: | | | | | | | | | |

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|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
| | | | | | | | | | Office Use Only |
| ID# | Quantity Total | Quantity Passed | Quantity Failed | Device Type | Assembly Type | Manufacturer | Model | ASSE | |
| 4 | | | | | | | | | |
| Location: | | | | | | | | | |

| | | | | | | | | | |
|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
| | | | | | | | | | Office Use Only |
| ID# | Quantity Total | Quantity Passed | Quantity Failed | Device Type | Assembly Type | Manufacturer | Model | ASSE | |
| 5 | | | | | | | | | |
| Location: | | | | | | | | | |

Inspector's Signature: _____

Date: _____

Facilities Contact Signature: _____

Date: _____

ATTENTION INSPECTOR

PROVIDE ONE COPY OF THIS FORM TO OWNER/CONTACT, ONE COPY TO THE CITY OF ANTIGO BUILDING INSPECTOR/ZONING ADMINISTRATOR AND RETAIN ONE COPY FOR YOUR RECORDS IN FOLLOWING-UP NON-COMPLIANCE ISSUES.

ADDITIONAL PAGE . PLEASE NUMBER LOCATIONS ACCORDINGLY.

| | | | | | | | | | |
|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
| | | | | | | | | | Office Use Only |
| ID# | Quantity Total | Quantity Passed | Quantity Failed | Device Type | Assembly Type | Manufacturer | Model | ASSE | |
| | | | | | | | | | |
| Location: | | | | | | | | | |

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|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
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| | | | | | | | | | |
| Location: | | | | | | | | | |

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|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
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| | | | | | | | | | |
| Location: | | | | | | | | | |

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| Location: | | | | | | | | | |

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|-----------|----------------|-----------------|-----------------|-------------|---------------|--------------|-------|------|-----------------|
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| | | | | | | | | | |
| Location: | | | | | | | | | |

Inspector's Initial: _____