

# Inspection Form

## CROSS-CONNECTION CONTROL INSPECTION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Inspector's Name: \_\_\_\_\_

### ORDINANCE VIOLATIONS:

Cross-Connection \_\_\_\_\_

Backflow Potential \_\_\_\_\_

Source of Backpressure \_\_\_\_\_

Other \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inspector's Signature